## 2007 FOR PROFIT CORPORATION

## Jan 25, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P02000078704** 01-25-2007 90034 031 \*\*\*150.00 NATIONAL FOOD MART, INC. Principal Place of Business Mailing Address 60006394 3000 CORRINE DR 3000 CORRINE DR ORLANDO, FL 32803 ORLANDO, FL 32803 CR2E034 (11/05) 01172007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3708323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHHU, KIM KHUN DO NOT WRITE 2844 ALOMA LAKE RUN OVIEDO, FL 32765 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 01 22 2007 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME CHHU, KIM KHUN STREET ADDRESS 2844 ALOMA LAKE RUN CITY-ST-ZIP OVIEDO, FL 32765 TITLE THACH, THI-MAO NAME 2844 ALOMA LAKE RUN STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED