

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109366

Entity Name: THREE O'S MARKET INC

FILED  
Jan 19, 2006  
Secretary of State

## Current Principal Place of Business:

601 N 25TH STREET  
FORT PIERCE, FL 34947

## New Principal Place of Business:

## Current Mailing Address:

601 N 25TH STREET  
FORT PIERCE, FL 34947

## New Mailing Address:

479 SW MEADOW TERRACE  
PORT ST LUCIE, FL 34984

FEI Number: 47-0916149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LABIB, MUNTASER  
601 N 25TH STREET  
FORT PIERCE, FL 34947 US

## Name and Address of New Registered Agent:

SAID, AMY J MRS.  
479 SW MEADOW TERRACE  
PORT ST LUCIE, FL 34984 US

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.

SIGNATURE: AMY SAID

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LABIB, MUNTASER  
Address: 601 N 25TH STREET  
City-St-Zip: FORT PIERCE, FL 34947

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SAID, AMY J MRS.  
Address: 479 SW MEADOW TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY SAID

P

01/19/2006

Electronic Signature of Signing Officer or Director

Date