

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90174 006 ***150.00

DOCUMENT # P05000002987					
1. Entity Name ORIENTAL FOOD MARKET, INC.					
Principal Place of Business 3501 SW ARCHER RD #210 GAINESVILLE, FL 32608			Mailing Address 3501 SW ARCHER RD #210 GAINESVILLE, FL 32608		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 113 South MacDill Ave		04212007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #B		4. FEI Number 33-1108858	
City & State Tampa FL		City & State Tampa FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33609		Country 33609		6. Name and Address of Current Registered Agent SHIN, JEONG K 3501 SW ARCHER RD #210 GAINESVILLE, FL 32608	
7. Name and Address of New Registered Agent Name: SANG H. SHIN Street Address (P.O. Box Number is Not Acceptable): 113 S. MacDill Ave City: Tampa FL Zip Code: 33609		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. SIGNATURE: Sang H Shin DATE: 4/20/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SHIN, JEONG K STREET ADDRESS 3501 SW ARCHER RD #210 CITY-ST-ZIP GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SHIN, SANG H STREET ADDRESS 3501 SW ARCHER RD #210 CITY-ST-ZIP GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SHIN, SANGNUN STREET ADDRESS 3501 SW ARCHER RD #210 CITY-ST-ZIP GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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: DATE: 4/20/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					