

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000026798

1. Entity Name  
FAMILY PRODUCE MARKET CORP



Principal Place of Business  
256-SEMORON BLVD.  
CASSELBERRY, FL 32707

Mailing Address  
629 SUMTER CT  
WINTER SPRING, FL 32708



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2377375

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOURLANI, AIDA  
629 SUMTER CT  
WINTER SPRING, FL 32708

**DO NOT WRITE  
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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not stating g)

DATE:

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HOURLANI, NABIL
STREET ADDRESS	629 SUMTER CT
CITY-ST-ZIP	WINTER SPRING, FL 32708
TITLE	V
NAME	HOURLANI, AIDA
STREET ADDRESS	629 SUMTER CT
CITY-ST-ZIP	WINTER SPRING, FL 32708
TITLE	COO
NAME	WAKIM, HANAN
STREET ADDRESS	629 SUMTER CT
CITY-ST-ZIP	WINTER SPRING, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000037033  
04/21/08-80004-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-08 1107-679-3322

Date

Daytime Phone