

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-02-2006 90418 006 ***150.00

66020254



01032006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000049675

1. Entity Name
HARBA FOOD STORE, INC



Principal Place of Business
1117 NW 3RD AVE #16
MIAMI, FL 33136

Mailing Address
1117 NW 3RD AVE #16
MIAMI, FL 33136

2. Principal Place of Business
1003 NW 3RD AVE

3. Mailing Address
PO BOX 11166

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33136 - 3307

Country

4. FEI Number
06-1745301

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABUATHAREH, MUSTAFA
1117 NW 3RD AVE #16
MIAMI, FL 33136

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
800 NE 90 St # 5

City **MIAMI - SHORES** FL Zip Code **33138**

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 **MUSTAFA ABUATHAREH** **03/14/06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ABUATHAREH, MUSTAFA 1117 NW 3RD AVE #16 MIAMI, FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 NE 90 St. # 5 MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: **MUSTAFA ABUATHAREH** **03/14/06** **305-347-3336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

66020254

June 17, 2006

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Annual Reports Section

Subject: **HARBA FOOD STORE, INC**

Reference Number: **P05000049675**

Dear Sirs:

A couple of weeks ago we sent the Annual Report with the proper payment but in error since we omitted , in error to report the proper changes.

Attach please find a copy of the original report with the correct information that includes the addition of the FEI Number in box 4. (06-1745301)

We are very sorry for the omissions and inconvenience.

Please send any further correspondence to:

HARBA FOOD STORE
PO BOX 11166
MIAMI, FL 33101-1166

Thank you,

HARBA FOOD STORE