

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000106591**

**Entity Name**  
**ORIENTAL FOODMART, INC.**



**Place of Business**  
**HIATUS ROAD**  
**SUNRISE, FL 33322**

**Mailing Address**  
**3437 N. HIATUS ROAD**  
**SUNRISE, FL 33322**



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**56-2525890**

**Applied For**  
**Not Applicable**

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

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

**CHANCOCO, JERRY V**  
**2350 E. 20TH PLACE**  
**SUNRISE, FL 33322**

**DO NOT WRITE  
IN THIS SPACE**

I, 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 reinstating)

U000000919224

05/13/08-80164-007 150.00

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

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**OFFICERS AND DIRECTORS**

<b>NAME</b>	<b>PD</b>
<b>CHANCOCO, JERRY V</b>	
<b>DIRECTOR ADDRESS</b>	<b>3437 N. HIATUS ROAD</b>
<b>CITY-STATE</b>	<b>SUNRISE, FL 33322</b>
<b>NAME</b>	
<b>DIRECTOR ADDRESS</b>	
<b>CITY-STATE</b>	
<b>NAME</b>	
<b>DIRECTOR ADDRESS</b>	
<b>CITY-STATE</b>	
<b>NAME</b>	
<b>DIRECTOR ADDRESS</b>	
<b>CITY-STATE</b>	

**DO NOT WRITE  
IN THIS SPACE**

I, the entity, 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 provided 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

Date

Daytime Phone #

4/21/08

954-742-3308