

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044271

Entity Name: SARA FOOD MARKET, INC.

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

1370 NW 62ND STREET
LIBERTY CITY, FL 33147

New Principal Place of Business:

12591 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33181

Current Mailing Address:

1370 NW 62ND STREET
LIBERTY CITY, FL 33147

New Mailing Address:

824 88TH STREET
SURFSIDE, FL 33154

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUHTASEB, ISMAT K
6693 COLLINS AVE APT #219
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

LUBIN, MICHAEL H
12865 WEST DIXIE HIGHWAY
SECOND FLOOR
NORTH MIAMI, FL 33161 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: MICHAEL H. LUBIN

07/06/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MUHTASEB, ISMAT K
Address: 6693 COLLINS AVENUE APT #219
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: COHEN, RAPHAEL
Address: 824 88 STREET
City-St-Zip: SURFSIDE, FL 33154

Title: S/D () Change (X) Addition
Name: MUHTASEB, ISMAT K
Address: 6693 COLLINS AVENUE APT #219
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify 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: RAPHAEL COHEN

P/D

07/06/2007

Electronic Signature of Signing Officer or Director

Date