

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000045378

1. Entity Name

ORIENTAL AMERICAN GROCERY INC.



**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

17035 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33160

Mailing Address

17035 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33160



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1272731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCADO, MYRNA  
8600 NW 198 ST  
HIALEAH FL 33015

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	P	<input type="checkbox"/> Delete
NAME	MERCADO, MYRNA	
STREET ADDRESS	17035 WEST DIXIE HIGHWAY	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MERCADO, GEOFFREY	
STREET ADDRESS	17035 WEST DIXIE HIGHWAY	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	S	<input type="checkbox"/> Delete
NAME	MERCADO, JACK LORD	
STREET ADDRESS	17035 WEST DIXIE HIGHWAY	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	T	<input type="checkbox"/> Delete
NAME	MERCADO, MARK ANTHONY	
STREET ADDRESS	17035 WEST DIXIE HIGHWAY	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	T	<input type="checkbox"/> Delete
NAME	MERCADO, GEOFFREY II	
STREET ADDRESS	17035 WEST DIXIE HIGHWAY	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000830738  
02/26/08-80096-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08

(202) 945-2355

Date

Working Phone #