

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000092360

1. Entity Name
ALEN FAY FOODMART INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 17 AM 11:52

Principal Place of Business
1586 FULLER RD
TALLAHASSEE, FL 32303

Mailing Address

1586 FULLER RD
TALLAHASSEE, FL 32303

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

76-0832756

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARIATI, ABDOL H
1586 FULLER RD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 SHARIATI, ABDOL
STREET ADDRESS 1586 FULLER RD
CITY-ST-ZIP TALLAHASSEE, FL 32303

Delete

TITLE S
NAME SHARIATI, FARNAZ
STREET ADDRESS 1586 FULLER RD
CITY-ST-ZIP TALLAHASSEE, FL 32303

Delete

TITLE VP
NAME ESLAMI, FOROUGH
STREET ADDRESS 1586 FULLER RD
CITY-ST-ZIP TALLAHASSEE, FL 32303

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

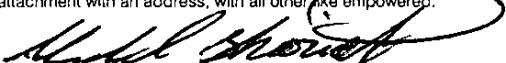
Change Addition

900097957349
04/23/07--01016--013 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 850-385-8365
Date Daytime Phone #