


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90023 002 ***150.00

DOCUMENT # P06000112668		
1. Entity Name SARASOTA ORIENTAL FOOD & GIFT MART, INC.		

Principal Place of Business 2234 GULF GATE DR. SARASOTA, FL 34231	Mailing Address 2234 GULF GATE DR. SARASOTA, FL 34231
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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



01282008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5465520		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VOIGT, STEPHEN F SR VOIGT & VOIGT PA 2042 BEE RIDGE RD SARASOTA, FL 34239		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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	BRIGHAM, NOYA		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS		2944 SEASONS BLVD		STREET ADDRESS			
CITY - ST - ZIP		SARASOTA, FL 34240		CITY - ST - ZIP			
TITLE	D	SHIN, CHONG OK		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS		2944 SEASONS BLVD		STREET ADDRESS			
CITY - ST - ZIP		SARASOTA, FL 34240		CITY - ST - ZIP			
TITLE	D	BRIGHAM, CHARLES		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS		2944 SEASONS BLVD		STREET ADDRESS			
CITY - ST - ZIP		SARASOTA, FL 34240		CITY - ST - ZIP			
TITLE				TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE				TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE				TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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: Noya Brigham 1/28/8 941 924-8066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #