## **№ 2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # P06000136821** 

1. Entity Name SOBE SPICE FOOD CENTER CORP

Principal Place of Business

Mailing Address

**1049 WASHIGTON AVE** MIAMI BEACH, FL 33139 **1049 WASHIGTON AVE** 

MIAMI BEACH, FL 33139 US

## **FILED** Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90328 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

04022008

CR2E034 (11/05)

20-5798480

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DOKSOZ, SABAH, P 5667 SW 6 ST MIAMI, FL 33134

## DO NOT WRITE IN THIS SPACE

No Chg-P

•					
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 JULIUS 420-08					
Signature, typed or printed nighbor registered agent and title if applicable. (NOTE: Registered Agent argulature required when reinstating)  DATE					
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOKSOZ, SABAH 5667 SW 6 ST MIAMI, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADORESS CITY-S1-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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.					

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR