FILED Aug 20, 2007 8:00 am Secretary of State 07-23-2007 90041 020 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

				.,	_			07-23-200)/ JUU4	1 020	150.00	
DOCUMENT # P06000153814 1. Entity Name SHAWARMA FOOD, INC.												
Principal Place of Business Mailing Address						<u> </u>		_	- 4 0 0			
10210 SW 154 PLACE #105 MIAMI, FL 33196				10210 SW 154 PLACE #105 MIAMI, FL 33196				6602			Drmas II rabi	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			07162007	Chg-P	CR2E	34 (12/06)		
City & State				City & State		4. FEI Numb	-80650	120		oplied For of Applicable		
Zip	Country			Zip	itry		of Status Desired		\$8.75 Add			
	5. Name	and Address	of Current I	Registered Agent	7. Name and Address of New Registered Agent Name							
DESEDEN	I VOSED	b				Name						
BESERENI, YOSEPP 10210 SW 154 PLACE #105 MIAMI, FL 33196					Street Address (P.O. Box Number is Not Acceptable)							
		\wedge				City			FL	Zip Cod	6	
8 The above	named ecit	v su provinci bula	Statement for	the purpose of checoico its	tenister.	t ed office or regis	stered agent or ho	th, in the Stere of E	orida. Lam	familier with	and accent	
8. The above named entity sufficient statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.												
_												
SIGNATURE_		w a 181 1997	received agent	and title if armicipation (NEC)	T- Banishad	ori Ameni manamura mon	wind when re-western)		DATE			
Signature, trigodior publish name of registered agent and inte if applicable. (NOTE: Regissered Agent arginized required when remission) DATE												
FILE NOWILL FEE IS \$150,00 9. Election Campaign Finance Due by September 14, 2007 Trust Fund Contribution.							\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607 not receiv	7.193(2)(b), æ the prior	F.S., the notice.	
10.		OF	FICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	CERS AN	DIRECTOR	S IN 11	
TITLE	Р			☐ Defeis	IOTA	· · · · · · · · · · · · · · · · · · ·				Change	Addition	
NAME	1.	NI, YOSEPP	,		NAME							
STREET ADDRESS												
CATA-SI-506						'- ST- ZIP						
TITLE	ST			☐ Delata	TITL	E				Change	Addition	
NAME	BESERE	NI, ANGEL	М	NAME		Œ Ì					_	
STREET ADDRESS	10210 SV	V 154 PLAC	E #105	STRE		EET ADORESS						
CITY-ST-ZIP	MIAMI, FI	L 33196		CITY		r-ST-21P						
mie	J			☐ Delate	Iπι	E				☐ Change	Addition	
NAME	}				NAV							
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TITLE				Chetete	TITL					Change	Addition	
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	 									П.О.	Addition	
TITLE	ŀ			☐ Defete	MAN					Change	L) Addition	
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP						-ST-23P						
TITLE	<u>†</u>			☐ Delate	Tall	E				Change	Addition	
NAME					NA							
STREET ADDRESS	1				STR	EET ADDRESS						
CITY-ST-ZIP	1					-ST-ZIP						
12. herehv	certily that it	ne intormation	supplied with	this liting does not qualify	or the ex	emptions contai	ined in Chapter 11	9. Florida Statutes	l further ce	rtily that the i	niormation	
12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Plorida Statutes, I further certify that the information indicated on this report or supplemental report from an advantage and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee throughout or as required by Chapter 607, Plorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an applicase, with all other like empowered.												
SIGNATURE: 105-PP BESTERNI 07/14/07 (305) 5963121												
1		EXCHAPTER	AND AND ON I	PRINTED NAME OF SIGNING OFFICE	OP DIREC	TOR		Cate		Onveine Phone 8		