
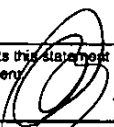
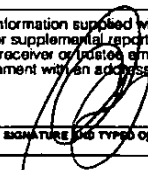


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2008 8:00 am
Secretary of State

07-29-2008 90010 010 ***150.00

DOCUMENT # P06000153814		
1. Entity Name SHAWARMA FOOD, INC.		
Principal Place of Business 10210 SW 154 PLACE #105 MIAMI, FL 33196		Mailing Address 10210 SW 154 PLACE #105 MIAMI, FL 33196
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent BESERENI, YOSEPP 10210 SW 154 PLACE #105 MIAMI, FL 33196		DO NOT WRITE IN THIS SPACE
9. 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BESERENI, YOSEPP 10210 SW 154 PLACE #105 MIAMI, FL 33196	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BESERENI, ANGEL M 10210 SW 154 PLACE #105 MIAMI, FL 33196	
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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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		