


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90010 025 \*\*\*150.00

<b>DOCUMENT # P07000042696</b>					
1. Entity Name <b>OVERTOWN FOOD MARKET INC.</b>					
Principal Place of Business <b>1433 NW 3RD AVENUE MIAMI FL 33136</b>			Mailing Address <b>1433 NW 3RD AVENUE MIAMI FL 33136</b>		
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	4. FEI Number <b>711031254</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BADAWI, KHALID M 1433 NW 3RD AVENUE MIAMI FL 33136</b>				7. Name and Address of New Registered Agent Name <b>FATIMA SHATAT</b> Street Address (P.O. Box Number is Not Acceptable) <b>153-56 SW 21 PL</b> <b>MIAMI FL 33127</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHATAT, FATIMA 1433 NW 3RD AVENUE MIAMI FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/07)

**\$8.75** Additional  
Fee Required

**\$5.00** May Be  
Added to Fees

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/19/08

Date

786 345 9252

Daytime Phone #