FOR PROFIT CORPORATION.
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name	PO7000042696 OVERTOWN FOOD MARKET INC. 1433 NW 3rd. AVE. MIAMI FL. 33136				09 JUN 22 A	M 3: :	39
	OT WRITE	57 ARKED (\$320)	PAC	E			
2. Principal Place of Business 1433 NW 3rd, Ave		3. Mailing Address					
Suite, Apt. #, etc. Mi am i		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 71-1031254		Applied I	
Zip 33136	Country DADE	Zip	Cou	ntry	5. Certificate of Status Desired		\$8.75 Add Fee Requi
	04463214103-CM (60)		43.132.15	7. Nam	e and Address of Current	Registe	
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				City	mar FL	FL	Zip Code
					stered office or registered ag	ent, or	both, in the
State of Florida. I	am familiar with, and	accept the obligation	s or regis	tered agent.			
SIGNATURE D						4/	17/09
Signatu	ire, typed or printed name of	egistered agent and title if	applicable.	(NOTE: Regist	ered Agent signature required when r	einstating) DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25					Election Campaign Financine Trust Fund Contribution.	· _	\$5,00 May Added to F
	to Florida Departme	nt of State					
10.	OFFICERS AN	D DIRECTORS	11.	= 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a la company and a company a	e tracti eta	5 50 7 B
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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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4-18-09

Date

Daytime Phone:

K

SIGNATURE: 4