

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90364 009 \*\*\*150.00

**DOCUMENT # P07000068415**

1. Entity Name  
**GM FOOD MARKET INC.**



Principal Place of Business  
**1005 S CONGRESS SUITE 101  
DELRAY BEACH, FL 33444**

Mailing Address  
**5804 SUNPRINT CIRCLE  
BOYNTON BEACH, FL 33437**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**5804 Sun Pointe Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-P CR2E034 (12/06)

City & State

City & State  
**Boynton Beach, FL**

4. FEI Number  
**26-0335985**

Applied For  
Not Applicable

Zip

Country

Zip  
**33437**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LAURENT, GILBERT  
1005 S CONGRESS SUITE 101  
DELRAY BEACH, FL 33444**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	LAURENT, GILBERT	
STREET ADDRESS	5804 SUNPRINT CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAURENT, MARIE C	
STREET ADDRESS	5804 SUNPRINT CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5804 Sun Pointe Circle
CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Celestin, Marie C.
STREET ADDRESS	5804 Sun Pointe Circle
CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 and all other like empowered.

SIGNATURE: *Gilbert Laurent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date 561 929 45 92