


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90072 017 ***150.00

DOCUMENT # P93000052204					
1. Entity Name BEST FOOD MARKET INC.					
Principal Place of Business 685 S GOLDWYNE AVE ORLANDO FL 32805			Mailing Address 685 S GOLDWYNE AVE <i>9874 Kilgore Rd</i> ORLANDO FL 32805 <i>Orlando FL 32836</i>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3194598	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHO, HYOW 685 S GOLDWYNE AVE <i>9874 Kilgore Rd</i> ORLANDO FL 32805 <i>Orlando FL 32836</i>			7. Name and Address of New Registered Agent Name <i>Jasmine Cho</i> Street Address (P.O. Box Number is Not Acceptable) <i>9874 Kilgore Road</i> City <i>Orlando</i> FL <i>32836</i>		
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 re-issuing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHO, JASMINE 11003 ORANGE SHIRE COURT <i>9874 Kilgore Rd</i> OCOCHEE FL <i>Orlando FL 32836</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHO, PETER 11003 ORANGE SHIRE CT <i>9874 Kilgore Rd</i> ORLANDO FL 32805 <i>Orlando FL 32836</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <i>2/3/05 407 158216</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					