

FROM : PERLA MOBIL


FAX NO. : 813 886 9375

Apr. 20 2007 02:16 PM P2

FILED

Apr 23, 2007 08:00 A  
Secretary of State

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P93000082788</b> 1. Entity Name <b>TIERRA VERDE FOOD MART INC.</b>	
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Principal Place of Business  
**621 MONTE CRISTO BLVD.  
TIERRA VERDE, FL 33715**

Mailing Address  
**621 MONTE CRISTO BLVD.  
TIERRA VERDE, FL 33715**

U000000726888  
05/04/07-80025-014 150.00



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3208343**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZAKI, ASHRAF  
621 MONTE CRISTO BLVD.  
TIERRA VERDE, FL 33715**

DO NOT WRITE  
IN THIS SPACE

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	ZAKI, SAMIR
STREET ADDRESS	286 MONTE CRISTO BLVD.
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	DPT
NAME	ZAKI, ASHRAF
STREET ADDRESS	286 MONTE CRISTO BLVD.
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Ashraf Zaki* **ASHRAF-ZAKI 4-20-07 727 480-8780**