

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000014352

1. Entity Name
BILLY'S MARKET, INC.



FILED

07 SEP 20 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06162007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0478345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRASER, DUNCAN CPA
660 LINTON BLVD. #207
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALI, GASSON	
STREET ADDRESS	464 SW AVE E	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANAN, AYYAD	
STREET ADDRESS	464 SW AVE E	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	IMAD ALI	
STREET ADDRESS	464 S.W. Ave. E Belle Glade	
CITY-ST-ZIP	FL. 33430	<input type="checkbox"/> Delete
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100109592441
CITY-ST-ZIP	09/18/07--01063--016 **550.00
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, with another like empowered.

SIGNATURE: [Signature] 09/20/07 N/A
Date Daytime Phone #