

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000049138

FILED
Mar 26, 2012
Secretary of State

Entity Name: MOUNT OF OLIVES HEALTH FOOD CENTER, INC.

Current Principal Place of Business:

728 W. 23RD STREET
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

728 W. 23RD STREET
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-3252251 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAADA, MUHANAD
728 W. 23RD STREET
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS
Name: HASABA, ALI
Address: 20 FARQUHAR STREET, APT. 3
City-St-Zip: ROSELINDALE, MA 02131

Title: VT
Name: SAADA, MUHANAD
Address: 506 PARKWOOD COURT
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MUHANAD SAADA

VT

03/26/2012

Electronic Signature of Signing Officer or Director

Date