


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 07, 2008 8:00 am  
Secretary of State**

03-21-2008 90026 017 \*\*\*158.75

<b>DOCUMENT # P94000050976</b>	
1. Entity Name TIM'S ORIENTAL GROCERY, INC.	

Principal Place of Business 30365 S DIXIE HIGHWAY MIAMI, FL 33033 US	Mailing Address 30365 S DIXIE HWY MIAMI, FL 33033
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**DO NOT WRITE IN THIS SPACE**

**66005939**



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0557771</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

CHOOS, S. SCOTT  
16600 S.W. 288TH ST. 44 NE 16 ST  
SUITE 312 HOMESTEAD FL 33030  
HOMESTEAD, FL 33033

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEUNA, HOOT 22497 SW 258 ST MIAMI, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEUNG, SAU CHI CHAN 22497 SW 258 ST MIAMI, FL 33031
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/4/08** **305 247 4707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #