

**2006 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000010105

1. Entity Name

O & M SUPERMARKET, INC.



Principal Place of Business

**645 NORTHWEST 5TH AVENUE
MIAMI, FL 33136-3205**

Mailing Address

**645 NORTHWEST 5TH AVENUE
MIAMI, FL 33136-3205**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0838581** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEHADEH, OSAMA Z
915 NORTHWEST 1ST AVENUE APT. L-209
MIAMI, FL 33136**

**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

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000555202
05/16/06-80024-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	SHEHADEH, OSAMA Z
STREET ADDRESS	915 NW 1ST AVE APT L-209
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	PT
NAME	ALI ALI, MOHAMMAD
STREET ADDRESS	915 NW 1ST AVE APT L-209
CITY-ST-ZIP	MIAMI, FL 33136
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:

Mohammad Ali
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MOHAMMAD ALI
PRESIDENT*

04/19/06
Date

(305) 379-0237
Daytime Phone #