

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 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**



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0838581

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

000000919281

05/13/08-80117-012 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

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

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TITLE
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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: *Osama Z Shehadeh* **OSAMA SHEHADEH, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/08 (205) 379-0237
Date Daytime Phone #