

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45268

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: MIDDLE EAST BAKERY & GROCERY, INC.

## Current Principal Place of Business:

327 5TH STREET  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

327 5TH STREET  
WEST PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 65-0254565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAMOUN, GEORGE  
327 5TH STREET  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

COX, JACK PA  
11450 SE DIXIE HWY  
STE 104  
HOBE SOUND, FL 33455 US

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: JACK SCHRAM COX, PA

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHAMOUN, GEORGE  
Address: 327 - 5TH ST.  
City-St-Zip: W. PALM BCH., FL

Title: VP ( ) Delete  
Name: CHAMOUN, YVETTE  
Address: 327 - 5TH ST.  
City-St-Zip: W. PALM BCH., FL

Title: S ( ) Delete  
Name: HAJJAR, MAY  
Address: 327 - 5TH ST.  
City-St-Zip: W. PALM BCH., FL

Title: T (X) Delete  
Name: CHAMOUN, GHASSON C  
Address: 327 - 5TH ST.  
City-St-Zip: W. PALM BCH., FL

Title: D ( ) Delete  
Name: CHAMOUN, JEAN T  
Address: 327 - 5TH ST.  
City-St-Zip: W. PALM BCH., FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CHAMOUN, YVETTE  
Address: 327 - 5TH ST.  
City-St-Zip: W. PALM BCH., FL

Title: VP (X) Change ( ) Addition  
Name: CHAMOUN, GHASSON C  
Address: 327 - 5TH ST.  
City-St-Zip: W. PALM BCH., FL

Title: S (X) Change ( ) Addition  
Name: CHAMOUN, ANA  
Address: 5525 FOUNTAIN DR SOUTH  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GHASSON CHAMOUN

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date