

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90028 017 ***150.00

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01032007 Chg-P CR2E034 (12/06)

DOCUMENT # S74609 1. Entity Name NEIGHBORS FOOD MARKET, INC.			
Principal Place of Business % ROBERT FOGEL 1444 NW 112TH TERRACE CORAL SPRINGS, FL 33071		Mailing Address 9723 E. HIBISCUS STREET MIAMI, FL 33157	
2. Principal Place of Business - No P.O. Box # 10991 NW 12th Dr		3. Mailing Address 10991 NW 12th Dr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Coral Springs, FL		City & State Coral Springs FL	
Zip 33071		Zip 33071	
County Broward		County Broward	
4. FEI Number 65-0289113		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOGEL, ROBERT A 1444 NW 112TH TERRACE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Robert Fogel Street Address (P.O. Box Number is Not Acceptable) 10991 NW 12th Dr City Coral Springs FL Zip Code 33071	
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 reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P FOGEL, ROBERT A. 10991 H.W 12TH CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-9-07 Daytime Phone # 305235-9361	