


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90031 001 ***150.00

DOCUMENT # P93000036369

1. Entity Name
OAKFIELD GROCERY N. P., INC.



Principal Place of Business
**6680 NORTH PALAFOX ST.
 PENSACOLA, FL 32503**

Mailing Address
**6680 NORTH PALAFOX ST.
 PENSACOLA, FL 32503**

40055500



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3181497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PHAM, TRUONG
 6680 NORTH PALAFOX ST
 PENSACOLA, FL 32503**

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	D PHAM, TRUONG 2905 LOGAN DR. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, THOA 2905 LOGAN DR. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, QUANG 238 CREEK VIEW DR. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHAM, TOAN 238 CREEK VIEW DR. PENSACOLA, FL 32503
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: *Pham Truong* **3/26/08** **850 478 9586**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #