2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 28, 2008 8:00 am **Secretary of State** DOCUMENT # G08791 01-28-2008 90042 035 ***150.00 1. Entity Name GASTRONOMICAL, INC. Principal Place of Business Mailing Address **40011600** 930 NORTH WOODLAND BLVD. 930 NORTH WOODLAND BLVD. DELAND, FL 32720 US DELAND, FL 32720 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2224611 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIGUEROA, RICHARD 13407 MADISONDOCK RD Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32828 City Zip Code 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \Box Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Change Addition NAME CABAN, JOSE NAME STREET ADDRESS 13412 MADISONDOCK RD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FIGUEROA, RICHARD NAME STREET ADDRESS 13407 MADISONDOCK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32828 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Chande Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 emocware to a second 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 additional statutes.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #