


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90446 015 ***150.00

DOCUMENT # P03000082450			
1. Entity Name RUSSELL'S GOURMET GROCERY CORP.			
Principal Place of Business 403 NORTHWOOD RD. W. PALM BCH, FL 33407		Mailing Address 403 NORTHWOOD RD. W. PALM BCH, FL 33407	
2. Principal Place of Business 524 EVERGREEN DRIVE Suite, Apt. #, etc.		3. Mailing Address 524 EVERGREEN DRIVE Suite, Apt. #, etc.	
City & State LAKE PARK FL.		City & State LAKE PARK FL	
Zip 33403		Country USA	
4. FEI Number 80-0101469		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 FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY., SUITE 300 TAMPA, FL 33637-2087		7. Name and Address of New Registered Agent Name: RUSSELL BEVERSTEIN Street Address (P.O. Box Number is Not Acceptable): 524 EVERGREEN DRIVE City: LAKE PARK FL Zip Code: 33403	
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: <i>[Signature]</i> DATE: 4/30/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$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	D BEVERSTEIN, RUSSELL 524 EVERGREEN DR. LAKE PARK, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>		Date: 4/30/04 561 8423557	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	