[redacted]

07-07-2005 90010 001 ***150.00
07-07-2005 90010 002 *****8.75
P04000153754

FILED

05 JUL 21 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07012005 Chg-P CR2E034 (10/03)

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000153754

1. Entity Name
TASTE OF EUROPE, INC.

Principal Place of Business	Mailing Address
5700 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405	5700 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405

2. Principal Place of Business	3. Mailing Address
5707 S. DIXIE HWY	5707 S. DIXIE HWY
Suite, Apt. #, etc.: SUITE 5	Suite, Apt. #, etc.: SUITE 5
City & State: WEST PALM BCH	City & State: WEST PALM BCH
Zip: 33405 Country: PALM BCH	Zip: 33405 Country: PALM BCH

4. FEI Number: 06-1750235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWIDERSKA, MALGORZATA
219 CYPRESS TRACE
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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) 7-1-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIDERSKA, MALGORZATA 219 CYPRESS TRACE ROYAL PALM BEACH, FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: (signature) 7-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #