


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000153754</b> 1. Entity Name TASTE OF EUROPE, INC.	
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Principal Place of Business 5707 SOUTH DIXIE HWY STE 5 WEST PALM BEACH, FL 33405	Mailing Address 5707 SOUTH DIXIE HWY STE 5 WEST PALM BEACH, FL 33405
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**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1750235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2007 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 SWIDERSKA, MALGORZATA 219 CYPRESS TRACE ROYAL PALM BEACH, FL 33411
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U00000683325  
04/05/07-80039-024 150.00

**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:** *Malgorzata Swiderska* **308071961323-236P**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #