

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098517

FILED  
May 01, 2007  
Secretary of State

Entity Name: GRAND TASTE CORPORATION

**Current Principal Place of Business:**

1211 CELEBRATION AVENUE  
SUITE 202  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 470042  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 30-0377725      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERALDES, MARCO  
1211 CELEBRATION AVE  
SUITE 202  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GERALDES, MARCO  
Address: 1211 CELEBRATION AVENUE SUITE 202  
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP ( ) Delete  
Name: SILVA, MANOEL ROBERTO DA  
Address: RUA CEL RAUL HUMAITÁ VILA NOVA, 74 APTO 61  
City-St-Zip: SÃO PAULO, SP 04522-010 BR

Title: D ( ) Delete  
Name: SILVA, MARIA HELIENE DA  
Address: RUA CEL RAUL HUMAITÁ VILA NOVA, 74 APTO 61  
City-St-Zip: SÃO PAULO, SP 04522-010 BR

Title: D ( ) Delete  
Name: GERALDES, MARIA I  
Address: 1211 CELEBRATION AVENUE SUITE 202  
City-St-Zip: CELEBRATION, FL 34747 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCO GERALDES

P

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date