


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000047397	
1. Entity Name GOURMET DELI, INC.	

Principal Place of Business 2961 W. BAY DR. BELLEAIR BLUFFS, FL 33770	Mailing Address 2961 W. BAY DR. BELLEAIR BLUFFS, FL 33770
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DO NOT WRITE IN THIS SPACE



07212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3449238	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 CIPOLLA, VINCENT F SR 480 ALTHEA ROAD CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
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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 reissuing) DATE _____

FILE NOW!!! - FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIPOLLA, VINCENT F SR 480 ALTHEA ROAD CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CIPOLLA, RHONDA E 480 ALTHEA ROAD CLEARWATER, FL 33756
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09/08/06-80001-010 150.00

**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:  RHONDA E. CIPOLLA 8-28-06 584 2076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #