I hereby 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 all other like empowered.

SIGNATURE: OWEN MARIMON

Electronic Signature of Signing Officer/Director Detail

Entity Name: THE GOURMET CRAB INC **Current Principal Place of Business:**

74530 OVERSEAS HWY ISLAMORADA, FL 33036

Current Mailing Address:

DOCUMENT# P11000085034

3348 NE 2 STREET HOMESTEAD, FL 33033

FEI Number: 45-3558475

Name and Address of Current Registered Agent:

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

MARIMON, OWEN 3348 NE 2 STREET HOMESTEAD, FL 33033 US

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

Officer/Director Detail :

Title	PD	Title	V
Name	MARIMON, OWEN	Name	FERNANDEZ MARIMON, BEATRIZ M
Address	3348 NE 2 STREET	Address	3348 NE 2 STREET
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033

PRESIDENT

04/26/2013

FILED Apr 26, 2013 Secretary of State CC4970722736

Date

Certificate of Status Desired: No

Date