


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90161 002 \*\*\*150.00

**DOCUMENT # 440766**


1. Entity Name  
**GUSTO FOOD SALES, INC.**



Principal Place of Business 4732 NW 111 CT DORAL, FL 33178 US	Mailing Address 4732 NW 111 CT DORAL, FL 33178 US
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**DO NOT WRITE IN THIS SPACE**

440766000



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1506338	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

RODRIGUEZ, MAYDA E.  
 4732 NW 111 CT  
 DORAL, FL 33178

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	P RODRIGUEZ, MAYDA E 4732 NW 111 CT DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, MONICA 13237 SW 45 LN MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAYDA, PELAEZ 9780 NW 29 STREET DORAL, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Mayda E. Rodriguez Date: 4-28-06 Daytime Phone #: (305) 592 8135  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)