

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 605846

1. Entity Name
KING'S GOURMET MARKET, INC.



Principal Place of Business
1900 NORTH MILITARY TRAIL
BOCA RATON, FL 33431

Mailing Address
1900 NORTH MILITARY TRAIL
BOCA RATON, FL 33431



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1872565

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTA, SAM JR., P.A.
1900 N MILITARY TRAIL #102
BOCA RATON, FL 33431

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.31.05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
PTC
COSTA, SAM
2921 NE 27TH AVENUE
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
COSTA, SALLY
2921 NW 27TH AVENUE
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
COSTA, SAM JR.
6356 POND APPLE ROAD
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
COSTA, CARL
2824 NE 28TH STREET
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000285286
04/02/05-80038-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.31.05

541368-2600