
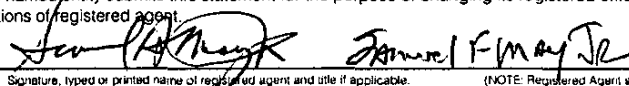
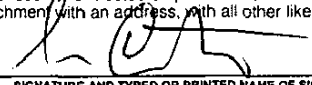


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90003 041 ***550.00

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		
2. Principal Place of Business 4748 S OCEAN BLVD		3. Mailing Address SAME			
Suite, Apt. #, etc. 403		Suite, Apt. #, etc.			
City & State HIGHLAND BEACH FL		City & State			
Zip 33487		Country USA		Zip 33487	
Country USA		4. FEI Number 59-1872565			
5. Certificate of Status Desired <input type="checkbox"/>		\$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			7. Name and Address of New Registered Agent Name SAMUEL F. MAY, JR., CPA Street Address (P.O. Box Number is Not Acceptable) 20283 SR 7 STE 300 BOCA RATON City BOCA RATON FL Zip Code 33498		
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 7-6-06	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC COSTA, SAM 2921 NE 27TH AVENUE BOCA RATON, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COSTA, SAM, SR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4748 S OCEAN BLVD #403 HIGHLAND BEACH FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COSTA, SALLY 2921 NW 27TH AVENUE BOCA RATON, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTA, SAM JR. 6356 POND APPLE ROAD BOCA RATON, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTA, CARL 2824 NE 28TH STREET BOCA RATON, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9336 EQUUS CIR BOYNTON BEACH FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			DATE 7-8-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 561-394-5184		

50024060



07072006 Chg-P CR2E034 (11/05)