

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90089 046 \*\*\*150.00

**DOCUMENT # F99000004066**

1. Entity Name  
**LE GOURMET CHEF, INC.**



Principal Place of Business  
**149 AVE AT THE COMMON  
SHREWSBURY, NJ 07702**

Mailing Address  
**149 AVE AT THE COMMON  
SHREWSBURY, NJ 07702**

**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**22-2544497**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BLOOM, DAVID
STREET ADDRESS	149 AVE AT THE COMMON
CITY-ST-ZIP	SHREWSBURY, NJ 07702
TITLE	ST
NAME	SCHAFER, RICHARD S
STREET ADDRESS	149 AVE AT THE COMMON
CITY-ST-ZIP	SHREWSBURY, NJ 07702
TITLE	D
NAME	COULD, JAMES
STREET ADDRESS	312 WALNUT ST. SUITE 1151
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	D
NAME	YARNELL, DAVID
STREET ADDRESS	263 TRESSLER BLVD. 16TH FL.
CITY-ST-ZIP	STAMFORD, CT 06501
TITLE	D
NAME	JONES, DEREK K
STREET ADDRESS	17 STATE ST.
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	D
NAME	BLOOM, ED
STREET ADDRESS	103 BUTTONWOOD LN.
CITY-ST-ZIP	FAIR HAVEN, NJ 07704

**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)(i), 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:

*Richard Schaffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RICHARD SCHAFER, SEC/TREAS.**

**3/23/04** **732-578-1550**

Date Daytime Phone #

x 227