

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000082511**

1. Entity Name  
**THE GOURMET MEXICAN, INC.**



Principal Place of Business  
**10288 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065**

Mailing Address  
**10288 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065**



07312004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1037323** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HARRIS, RICHARD W  
7971 NW 89TH AVE  
TAMARAC, FL 33321**

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**U000000168878  
08/02/04-80001-009 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PRIA, JOSE R
STREET ADDRESS	576 NW 45TH AVENUE
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	SD
NAME	PRIA, ANNA MARY
STREET ADDRESS	576 NW 45TH AVENUE
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	VPD
NAME	PRIA, JOSE L
STREET ADDRESS	576 NW 45TH AVENUE
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	T
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-31-04**

Date

Daytime Phone #