2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P00000082511** 06-13-2005 90004 044 ***550.00 1. Entity Name THE GOURMET MEXICAN, INC. Principal Place of Business Mailing Address 4008800c 10288 W. SAMPLE ROAD 10288 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 3. Mailing Address 576 NW 45TAVE 2. Principal Place of Business 576 NW 4 AVE 06082005 Chg-P CR2E034 (10/03) Sity & State City & State 4. FEL Number Applied For PL. BEACH Deedler 65-1037323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required -6. Name and Address of Current Registered Agent 7._Name and Address of New Registered Agent Name HARRIS, RICHARD W 7971 NW 89TH AVE Street Address (P.O. Box Number is Not Acceptable) TAMARAC, FL 33321 Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Addition Change NAME PRIA, JOSE R NAME STREET ADDRESS 576 NW 45TH AVENUE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL. 33442 CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change ☐ Addition PRIA, ANNA MARY NAME NAME 576 NW 45TH AVENUE STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Defete TITLE ☐ Change ☐ Addition PRIA. JOSE L NAME-NAME STREET ADDRESS 576 NW 45TH AVENUE STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition PRIA. ANNA MARY NAME NAME 576 NW 45TH AVENUE STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-71P CITY-ST-ZIP 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 tystee 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 attact friend with 31 address. With all other like empowered.

OFFICER OR DIRECTOR

FILED Jun 13, 2005 8:00 am