FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

					, Secretary or State		
DOCUMENT # PO100003542 6 05-21-2002 91218 050 ***					05-21-2002 91218 050 ***150.00		
400D T	DGO GOURMI	ET, INC.					
			: Jamsakak				
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2. Principal Place of Business 3. Mailing Address 5601 COMPON				wAi			
Suite, Apt. #, etc. Suite, Apt. #, etc.			/(/)! -	. 141.4	DO NOT WRITE IN THIS SPACE		
STE - 11 City & State	City & State	<u>/</u>	EA-41 EI	4. FEI Number Applied For			
WEST PARM BEACH, 12.		City & State PALM BEACH, FL.			\$0.75 Addition		
^{Zip} 33407	V.S.A.	Zip 33407	1	1.5.A.	5. Certificate of Status Desired Fee Required		
				N.1	7. Name and Address of Current Registered Agent AN J. UPSON		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				56	OI COMPONATE WAY		
2.000 mg - 100 mg - 100 mg - 200 mg - 2		enger i de la companie de la compani		City WE	ST PANN BEACH Zip Code 207		
8 The above named a	entity submits this statement for	the nurgose of changing it	s register				
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.							
SIGNATURE Signature. t	yped or protect name of registered agent a	nd title if applicable. (NO	TE: Registore	d Agent signature required			
9. This corporation is	eligible to sausfy its Intangible	and the second of the second	Nary 1 5	in se cita en	10. Election Campaign Financing \$5.00 May Be		
Tax filing requirements (See criteria on back)	ent and elects to do so.		d Hd8 1	a fortuna	Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND I						
NAME Scan Upson Street ADDRESS 5601 corporate Way #117			nic.	The second second second	COSENAIR (1900)		
			SIR	ETADDRESS			
TITLE	2 PB FL 33407		GI Y	-51-20F			
NAME			HAN				
STREET ADDRESS CITY-ST-ZIP			10,000	ET ADDRESS			
LULTE			. UIL	Beg Bay J. St. S			
NAME STREET ADDRESS			NAV STO	ET ADDRESS			
CHY-ST-ZIP	. e		1.00	550 TR ()	DO NOT WRITE		
TITLE			TITL	real design to the	IN THIS SPACE		
NAME STREET ADORESS			2.1	Traccuss			
CITY-ST-ZIP			+ City	:51-LEP :			
TIFLE NAME			NAN				
STREET ADDRESS			SARC	ETADDRESS			
CITY-S3-ZIP			20,476 feb	55.7P			
HILE NAME			, 701 NAM				
STREET ADDRESS			1000	TT ADDRESS			
13. Thereby certify that	at the information supplied with	this filing does not qualify fo	100	sr zie mption stated in Se	ection 119.07(3)(i), Florida Statutes, I further certify that the information		
 of the corporation 	or the receiver or trustee emp	owered to execute this rep	my signa ort as req	ture shall have the s uired by Chapter 60	ection 119.07(3)(i), Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or on an		
auachment with ar	address, with all other like em	powered.	,		-// CV		