

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000041490

1. Entity Name  
TASTE TRACKERS, INC.



Principal Place of Business  
1515 RINGLING BOULEVARD  
SUITE 1000  
SARASOTA, FL 34236

Mailing Address  
1515 RINGLING BOULEVARD  
SUITE 1000  
SARASOTA, FL 34236



03272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3065128

Applied For  
Not Applicable

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

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

GANS, RICHARD R  
1515 RINGLING BOULEVARD  
SUITE 1000  
SARASOTA, FL 34236

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000896329  
04/25/08-80003-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME CHESTER, SARA  
STREET ADDRESS 1280 DOLPHIN BAY WAY, #1401  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE VPT  
NAME FELLIG, RAIZY  
STREET ADDRESS 5055 COLLINS AVE., APT. 10M  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sara C. Chester* Sara C. Chester

4-04-2008

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