2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90310 018 ***150.00

DOCUMENT # P02000098186

1. Entity Name
GOURMET CONCEPTS, INC

Principal Place of Business	Mailing Address
625 CURTISS DRIVE OPA LOCKA, FL 33054	625 CURTISS DRIVE OPA LOCKA, FL 33054

03142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
17342 SW 32ND LANE	17342 SW 32ND LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, Fl	City & State: MIRAMAR, Fl
Zip: 33029 Country: BROWARD	Zip: 33029 Country: BROWARD

4. FEI Number: 02-0645163 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALFONSO, DARLENE
625 CURTISS DRIVE
OPA LOCKA, FL 33054

7. Name and Address of New Registered Agent

Name: ALFONSO, DARLENE
Street Address (P.O. Box Number Is Not Acceptable): 17342 SW 32ND LANE
City: MIRMAR FL Zip Code: 33029

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFONSO, DARLENE 625 CURTISS DRIVE OPA LOCKA, FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	17342 SW 32ND LANE MIRAMAR, Fl 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFONSO, JOSE L 625 CURTISS DRIVE OPA LOCKA, FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	17342SW 32ND LANE MIRAMAR, Fl 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Darlene Alfonso — 3/17/2005 — 954 442-5374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #