


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90072 025 \*\*\*150.00

<b>DOCUMENT # P02000098186</b> 1. Entity Name <b>GOURMET CONCEPTS, INC</b>																											
Principal Place of Business <b>17342 SW 32ND LANE HOLLYWOOD, FL 33029</b>		Mailing Address <b>17342 SW 32ND LANE HOLLYWOOD, FL 33029</b>																									
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																									
City & State <b>MIRAMAR, FL</b> Zip		City & State <b>MIRAMAR, FL</b> Zip																									
Country		Country																									
4. FEI Number <b>02-0645163</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>ALFONSO, DARLENE 17342 SW 32ND LANE HOLLYWOOD, FL 33029</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>ALFONSO, DARLENE</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>17342 SW 32ND LANE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>HOLLYWOOD, FL 33029</b></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	<b>ALFONSO, DARLENE</b>	<input type="checkbox"/>	STREET ADDRESS	<b>17342 SW 32ND LANE</b>		CITY-ST-ZIP	<b>HOLLYWOOD, FL 33029</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td><b>MIRAMAR, FL 33029</b></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME	<b>MIRAMAR, FL 33029</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																									
NAME	<b>ALFONSO, DARLENE</b>	<input type="checkbox"/>																									
STREET ADDRESS	<b>17342 SW 32ND LANE</b>																										
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33029</b>																										
TITLE	NAME	Change Addition																									
NAME	<b>MIRAMAR, FL 33029</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>ALFONSO, JOSE L</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>17342 SW 32ND LANE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>HOLLYWOOD, FL 33029</b></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	<b>ALFONSO, JOSE L</b>	<input type="checkbox"/>	STREET ADDRESS	<b>17342 SW 32ND LANE</b>		CITY-ST-ZIP	<b>HOLLYWOOD, FL 33029</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td><b>MIRAMAR, FL 33029</b></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME	<b>MIRAMAR, FL 33029</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																									
NAME	<b>ALFONSO, JOSE L</b>	<input type="checkbox"/>																									
STREET ADDRESS	<b>17342 SW 32ND LANE</b>																										
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33029</b>																										
TITLE	NAME	Change Addition																									
NAME	<b>MIRAMAR, FL 33029</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																									
NAME		<input type="checkbox"/>																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	Change Addition																									
NAME		<input type="checkbox"/> <input type="checkbox"/>																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																									
NAME		<input type="checkbox"/>																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	Change Addition																									
NAME		<input type="checkbox"/> <input type="checkbox"/>																									
STREET ADDRESS																											
CITY-ST-ZIP																											
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 supplementary 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: <u><b>Darlene Alfonso Pres</b></u> <b>1/28/2006</b> <b>954 442-5376</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											