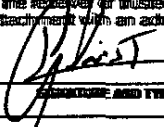


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90007 021 ***158.75

DOCUMENT # P03000006293					
1. Entity Name PLAZA GOURMET CORP.					
Principal Place of Business 12250 SW 132 CT. #105 MIAMI, FL 33186 US			Mailing Address 12250 SW 132 CT. #105 MIAMI, FL 33186 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FBI Number 54-2107615 ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GALVIS, LUIS A JR 9030 SW 125 TH AVENUE APT. E- 309 MIAMI, FL 33186	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 reissuing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 ☐ Delete		TITLE	NAME ☐ Change ☐ Addition	
NAME	P GALVIS, LUIS A JR		NAME		
STREET ADDRESS	9030 SW 125 TH AVENUE, APT E-309		STREET ADDRESS		
CITY-ST-ZIP	MIAMI,, FL 33186		CITY-ST-ZIP		
TITLE	VP ☒ Delete		TITLE	VP ☒ Change ☐ Addition	
NAME	GALVIS, LUIS A SR		NAME	Galvis, Corinne J.	
STREET ADDRESS	9030 SW 125 TH AVENUE, APT E-309		STREET ADDRESS	10824 SW 132 CT	
CITY-ST-ZIP	MIAMI,, FL 33186		CITY-ST-ZIP	Miami, FL 33186	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(a), 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:  Galvis Luis A JR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/19/04 7864170067 Date Daytime Phone #		