

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105985

1. Entity Name
DELI FRESH GOURMET SUBS INC.



Principal Place of Business
1402 BRICKELL BAY DRIVE APT. #401
MIAMI, FL 33131

Mailing Address
1402 BRICKELL BAY DRIVE APT. #401
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ACOSTA, ALEXIS
1402 BRICKELL BAY DRIVE APT. #401
MIAMI, FL 33131

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11.

TITLE PD
NAME ACOSTA, ALEXIS
STREET ADDRESS 1402 BRICKELL BAY DRIVE APT. #401
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME ACOSTA, CLEMENCIA
STREET ADDRESS 1402 BRICKELL BAY DRIVE APT. #401
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached document with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90011 026 ***150.00



05012006 Chg-P CR2E034 (11/05)

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

(P.O. Box Number is Not Acceptable)

FL

Zip Code

registered agent, or both, in the State of Florida. I am familiar with, and accept

when reinstating)

DATE

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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☐ Addition

in Chapter 119, Florida Statutes. I further certify that the information has 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 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date

Daytime Phone #

4/30/06 305-374-5717