

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000128498**

1. Entity Name

GOURMET MARKETPLACE, INC.



Principal Place of Business

2007 ELIZABETH AVE  
ORLANDO, FL 32804

Mailing Address

2007 ELIZABETH AVE  
ORLANDO, FL 32804



03102006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-2415235

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SORRENTINO, JOE  
2007 ELIZABETH AVE  
ORLANDO, FL 32804

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SORRENTINO, JOE
STREET ADDRESS	2007 ELIZABETH AVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	V
NAME	SORRENTINO, VINCENT
STREET ADDRESS	149-27 90 ST
CITY-ST-ZIP	HOWARD BCH, NY 11414
TITLE	S
NAME	BOHN, THOMAS
STREET ADDRESS	39 INTERLAKEN DR
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	T
NAME	SORRENTINO, FRANK
STREET ADDRESS	1140 S ORLANDO AVE B-14
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000538003  
05/09/06-80041-014 150.00

**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

4/27/06

321-381-5066

Daytime Phone #