

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 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**

DO NOT WRITE IN THIS SPACE



03252007 No Chg-P CR2E034 (11/05)

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, 2007 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

U000000763430
05/30/07-80009-015 150.00

**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

Date

Daytime Phone #