

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000134821

1. Entity Name
2 J'S GOURMET, INC.



Principal Place of Business
1613 CHELSEA ROAD,
#355
SAN MARINO, CA 91108 US

Mailing Address
1613 CHELSEA ROAD,
#355
SAN MARINO, CA 91108 US



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0614399

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, FAYE
11101 S.W. 69TH CIRCLE
OCALA, FL 34476

**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 reappointing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAXWELL, SHERIE
STREET ADDRESS	821 N. CORDOVA STREET
CITY-ST-ZIP	ALHAMBRA, CA 91801
TITLE	P
NAME	KNOTT, JEFFREY M
STREET ADDRESS	821 N. CORDOVA ST
CITY-ST-ZIP	ALHAMBRA, CA 91801
TITLE	D
NAME	ROBINSON, FAYE
STREET ADDRESS	11101 SW 69TH CIR
CITY-ST-ZIP	OCALA, FL 34476
TITLE	P
NAME	ROBINSON, JERRY
STREET ADDRESS	11101 SW 69TH CIR
CITY-ST-ZIP	OCALA, FL 34478
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80116-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Day/Time Phone #

Sherie Maxwell SHERIE MAXWELL 4/25/05 800-284-9377