

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90001 026 \*\*\*150.00

**DOCUMENT # P03000142342**

1. Entity Name  
**A GOURMET AFFAIR INC.**



Principal Place of Business

3427 FOXCROFT ROAD  
MIRAMAR, FL 33025 US

Mailing Address

3427 FOXCROFT ROAD  
MIRAMAR, FL 33025 US

**44050575**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**20-0584629**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, DEANNA P**  
**3427 FOXCROFT ROAD**  
**MIRAMAR, FL 33025**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**ALLEN, DEANNA P**  
**3427 FOXCROFT ROAD**  
**MIRAMAR, FL 33025**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

**DEANNA ALLEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/27/04 (954) 394-4322**

Date

Daytime Phone #

Attachment

44050575

LAURIE ATTAR, INC.  
5151 SARAZEN DRIVE  
HOLLYWOOD, FL 33021  
(954) 986-0845

July 27, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: A Gourmet Affair Inc.  
2004 UBR  
Doc # P03000142342

Gentlemen:

I have been asked by my client, A Gourmet Affair Inc., to contact you regarding a notice they received from the Division of Corporations. The notice is the "Notice of Intent To Dissolve".

My client did not receive the original notice sent out in January.

I have enclosed their check number 1134, in the amount of \$150.00, payable to the Florida Dept. of State, as they did not receive the notice in January, along with the completed UBR Report.

Thank you.

Sincerely,



Laurie Attar  
Accountant

Encl.

Cc: A Gourmet Affair Inc.