

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026068

FILED
Apr 22, 2005
Secretary of State

Entity Name: GOURMET GREENHOUSE, INC.

Current Principal Place of Business:

5809 HOLLYWOOD BLVD.
HOLLYWOOD, FL

New Principal Place of Business:

Current Mailing Address:

5809 HOLLYWOOD BLVD.
HOLLYWOOD, FL

New Mailing Address:

FEI Number: 20-0752020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, DAVID J
3864 SHERIDAN STREET
HOLLYWOOD, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMONS, BARBARA A
Address: 738 N. CRESCENT DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: VSTD () Delete
Name: CHUCK-SHING, YVONNE A
Address: 8651 N.W. 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: STD () Delete
Name: LYE, LOLA
Address: 7096 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: VSTD () Delete
Name: CHUCK-SHING, YVONNE
Address: 8651 N.W. 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A SIMONS

PD

04/22/2005

Electronic Signature of Signing Officer or Director

Date