


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 027 ***150.00

DOCUMENT # P04000042174
 1. Entity Name
SOUTH FLORIDA GOURMET FOODS, INC.



Principal Place of Business Mailing Address
 25855 SW 194TH AVE. 25855 SW 194TH AVE.
 HOMESTEAD, FL 33030 HOMESTEAD, FL 33030

66010806



03222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
20-0777731 Not Applicable

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

6. Name and Address of Current Registered Agent
LOSNER, STEVEN D
65 N.W. 16TH ST.
HOMESTEAD, FL 33030

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACCURSIO, JAMES P 25855 SW 194TH AVE. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACCURSIO, PATRICIA 25855 SW 194TH AVE. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Patricia A. Accursio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/08 *305-247-1544*
Date Daytime Phone #