


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90451 043 \*\*\*150.00

**DOCUMENT # P04000091942**

1. Entity Name  
**TASTE OF NEW YORK CORP.**



Principal Place of Business  
 13692 N CLEVELAND AVE  
 N FT MYERS, FL 33903

Mailing Address  
 13692 N CLEVELAND AVE  
 N FT MYERS, FL 33903

40091182



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03272007 Chg-P CR2E034 (12/06)

City & State  
 City & State

4. FEI Number  
**65-0822651**

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**

**HAMMER, RAYMOND**  
 13692 N CLEVELAND AVE  
 N FT MYERS, FL 33903

**7. Name and Address of New Registered Agent**

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**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HAMMER, RAYMOND</b> <b>13692 N CLEVELAND AVE</b> <b>N FT MYERS, FL 33903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Raymond Hammer  **Raymond Hammer**  **4-27-07**  **239-872-9334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40091182

#PO4000091942

C. EDWARD FERGUSON, CPA, P. A.  
CERTIFIED PUBLIC ACCOUNTANT  
6017 PINE RIDGE ROAD #345  
NAPLES, FLORIDA 34119  
239-597-3200

TO: STATE OF NY CORP.

DATE: 4/24/07

INSTRUCTIONS

- W-3W-2'S
- 1096/1099'S
- 940 RETURN
- 940 DEPOSIT
- 941 PAYROLL RETURN
- 941 PAYROLL DEPOSIT
- UCT-6 FLA. UNEMPLOYMENT
- FLA SALES TAX
- FLA SOLID WASTE TAX (TIRES, BATTERIES, ETC)
- ALCOHOLIC BEVERAGE SURTAX
- OTHER: \_\_\_\_\_

- 1040 - U.S. FEDERAL INCOME TAX
- 1040NR - U.S. NON-RESIDENT
- 1040X - AMENDED U.S. FEDERAL
- 1065 - U.S. PARTNERSHIP
- 1120 - U.S. CORPORATION
- 1120S - U.S. "S" CORPORATION
- F-1120 - FLORIDA CORPORATION
- DR601AC - INTANGIBLE/CORPORATION
- DR601AI - INTANBIBLE/PERSONAL
- TANGIBLE PERSONAL PROPERTY
- OTHER: ANNUAL REPORT

PERIOD ENDED:

- MONTH: \_\_\_\_\_
- QUARTER: \_\_\_\_\_
- YEAR: 2007

CHECK PAYABLE TO: Indicate ID# PO4000091942  
Type of Tax: AR Period 2007

- YOUR LOCAL BANK (With Coupon)
- INTERNAL REVENUE SERVICE
- FLORIDA UNEMPLOYMENT COMPENSATION FUND
- FLORIDA DEPARTMENT OF REVENUE
- OTHER: FLA DEPT OF STATE

DUE DATE: 4/30/07

AMOUNT DUE:

- NO TAX DUE
- PAYMENT DUE: \$150.00
- REFUND DUE: \_\_\_\_\_
- CREDIT, EST. TAX: \_\_\_\_\_

MAIL: (Certified, Return Receipt Requested)  
 RETURN & CHECK  
 RETURN ONLY

- TO:
- INTERNAL REVENUE SERVICE  
ATLANTA, GEORGIA 39901
  - INTERNAL REVENUE SERVICE
  - FLORIDA DEPARTMENT OF REVENUE  
5050 WEST TENNESSEE STREET  
TALLAHASSEE FLORIDA 32399-01
  - FLORIDA DEPARTMENT OF LABOR  
DIVISION OF UNEMPLOYMENT SECURITY  
BUREAU OF TAX  
TALLAHASSEE FLORIDA 32399-0212
  - ABE SKINNER, PROPERTY APPRAISER  
3285 TAMAMI TRAIL EAST  
NAPLES FLORIDA: 34112-5758
  - KENNETH M. WILKERSON, PROPERTY APPRAISER  
POST OFFICE BOX 1548  
FORT MYERS FLORIDA 33902-1546
  - SOCIAL SECURITY ADMINISTRATION  
DATA OPERATIONS CENTER  
WILKES-BARRE PENNSYLVANIA 18769
  - OTHER: DIVISION OF CORPS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

ESTIMATED TAX PAYMENTS:

YEAR ENDED: \_\_\_\_\_

\_\_\_\_\_: \_\_\_\_\_

\_\_\_\_\_: \_\_\_\_\_

\_\_\_\_\_: \_\_\_\_\_

\_\_\_\_\_: \_\_\_\_\_

SIGNATURE/DATE/TITLE:

- YOURSELF
- YOU & SPOUSE
- OWNER
- FIDUCIARY
- PARTNER
- OFFICER

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_