2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90411 017 ***158.75

DOCUMENT # P04000099257

1. Entity Name
JTAYLOR'S GOURMET, INC.

Principal Place of Business	Mailing Address
2131 NW 139TH STREET BAY 22 MIAMI, FL 33054	2131 NW 139TH STREET BAY 22 MIAMI, FL 33054

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2131 NW 139th St	14680 JACKSON St.
Suite, Apt. #, etc. #22	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL
Zip 33054 Country USA	Zip 33176 Country USA

4. FEI Number 20-1351736 ☐ Applied For ☐ Not Applicable

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
TAYLOR, JOAN E 14680 JACKSON STREET MIAMI, FL 33176	Name: Joan Taylor Street Address (P.O. Box Number is Not Acceptable): 14680 JACKSON St. City: Miami FL Zip Code: 33176

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 _____ 4/29/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, JOAN 2131 NW 139TH STREET MIAMI, FL 33054	☐ Delete	Chairman Joan Taylor 2131 NW 139th St, Ste #22 Miami FL 33054	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPENCE, MARK R 2131 NW 139TH STREET MIAMI, FL 33054	☐ Delete	President Mark R Spence 2131 NW 139th St Ste 22 Miami FL 33054	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 4/29/05 305-496-7756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #