

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90190 037 \*\*\*158.75

<b>DOCUMENT # P04000153754</b> 1. Entity Name <b>TASTE OF EUROPE, INC.</b>					
Principal Place of Business <b>5707 SOUTH DIXIE HWY STE 5 WEST PALM BEACH, FL 33405</b>			Mailing Address <b>5707 SOUTH DIXIE HWY STE 5 WEST PALM BEACH, FL 33405</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>04262008    Chg-P    CR2E034 (12/06)</span> </div>					
4. FEI Number <b>06-1750235</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWIDERSKA, MALGORZATA 219 CYPRESS TRACE ROYAL PALM BEACH, FL 33411</b>			7. Name and Address of New Registered Agent Name <b>KATARZYNA PAWELEC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1845 DRESSAGE COURT</b> City <b>WELLINGTON</b> <b>FL</b> Zip Code <b>33414</b>		
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 <u><i>Katarzyna Pawelec</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SWIDERSKA, MALGORZATA 219 CYPRESS TRACE ROYAL PALM BEACH, FL 33411</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KATARZYNA PAWELEC 1845 DRESSAGE COURT, WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WOJCIECH DZIEDZIC 1845 DRESSAGE COURT, WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <u><i>Katarzyna Pawelec</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u><i>April 28 08</i></u> Daytime Phone #: <u><i>(561) 596-6912</i></u>		