## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000034440

Name:

Address:

City-St-Zip:

GAINEY, LATASHA

MIAMI, FL 33127

1044 NW 55TH STREET

Entity Name: TASTEFUL SENSATIONS, INC.

FILED Jan 19, 2007 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
1044 NW : MIAMI, FL	55TH STREE <sup>-</sup> 33127	Г			
Current N	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
1044 NW : MIAMI, FL	55TH STREE <sup>-</sup> 33127	Г			
FEI Number	: 14-1925000	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
MIAMI, FL The above in the State	55TH STREET 33127 US named entity e of Florida.		purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI		nic Signature of Registered A	gent	 Date	
Election Car		g Trust Fund Contribution ( ).	gont	Bato	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP ( COHEN, SHIR 1044 NW 55TH MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV (X GAINEY, ALVII 1044 NW 55TH MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title:	DT ()	() Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHIRLEY COHEN DP 01/19/2007