


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000014518</b>		
1. Entity Name <b>C' ZARDAS GOURMET INC</b>		

FILED  
07 APR 27 AM 9:15  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>15231 SW 80 ST APTO 612 MIAMI, FL 33193</b>	Mailing Address <b>15231 SW 80 ST APTO 612 MIAMI, FL 33193</b>
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2. Principal Place of Business - No P.O. Box # <b>2180 S.E 19 Ave.</b>	3. Mailing Address <b>2180 S.E 19 Ave</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Homestead FL</b>	City & State <b>Homestead FL</b>
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Zip <b>33035</b>	Country <b>USA</b>	Zip <b>33035</b>	Country <b>USA</b>
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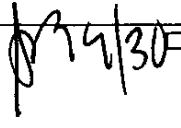



04262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>ZAPATA, MANUEL G 15231 SW 80 ST APTO 612 MIAMI, FL 33193</b>		7. Name and Address of New Registered Agent Name <b>Hugo Peña</b> Street Address (P.O. Box Number is Not Acceptable) <b>2180 S.E 19 Ave</b> City <b>Homestead</b> <b>FL</b> Zip Code <b>33035</b>	
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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

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENA, HUGO 15231 SW 80 ST APTO 612 MIAMI, FL 33193 <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	VD ZAPATA, MANUEL S 15231 SW 80 ST APTO 612 MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600101266176 05/03/07--01011--004 **150.00</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
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: 	DATE