

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000081245

1. Entity Name
GOURMET FOOD BY THE POUND, INC.



Principal Place of Business
14255 SW 57 LANE #1
MIAMI, FL 33183

Mailing Address
14255 SW 57 LANE #1
MIAMI, FL 33183

2. Principal Place of Business - No P.O. Box #
11865 S.W. 26 ST

3. Mailing Address
11865 S.W. 26 ST

Suite, Apt. #, etc.
B-12

Suite, Apt. #, etc.
B-12

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33175

Country
DADE

Zip
33175

Country
DADE

10262007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-5141082

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS GOMEZ, ZORAIDA E
14255 SW 57 LANE #1
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name
CARLOS A. PADRON

Street Address (P.O. Box Number is Not Acceptable)

2741 S.W. 139 PLACE

City
MIAMI, FL

FL Zip Code
33175

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/31/07

Amended AR is \$61.25

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
PSD
ROJAS GOMEZ, ZORAIDA E
14255 SW 57 LANE #1
MIAMI, FL 33183 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
CARLOS A. PADRON
2741 S.W. 139 PLACE
MIAMI, FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200112080122
11/07/07--01040--006 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/07

786-426-1011

Date

Daytime Phone #

FILED

2007 NOV -2 AM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11/2/07