


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90019 023 \*\*\*150.00

<b>DOCUMENT # P07000053825</b> 1. Entity Name <b>ALL ABOUT TASTE, CORP.</b>					
Principal Place of Business <b>9925 NW 68 PL, #206 TAMARAC, FL 33321</b>			Mailing Address <b>9925 NW 68 PL, #206 TAMARAC, FL 33321</b>		
2. Principal Place of Business - No P.O. Box # <b>9925 NW 68 PLACE #206</b>		3. Mailing Address <b>9925 NW 68 PLACE #206</b>			
Suite, Apt. #, etc. <b>206</b>		Suite, Apt. #, etc. <b>206</b>			
City & State <b>TAMARAC, FLORIDA</b>		City & State <b>TAMARAC, FLORIDA</b>			
Zip <b>33321</b>		Country <b>USA</b>		4. FEI Number <b>20-8911306</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DUPLAA, CARLOS 8001 ROYAL PALM CIRCLE TAMARAC, FL 33321</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9925 NW 68 PLACE #206</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321</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>Carlos Duplaa</i></u> DATE: <u>3/26/08</u> <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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"/> \$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	P DUPLAA, CARLOS 8001 ROYAL PALM CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	9925 NW 68 PLACE #206 TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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>Carlos Duplaa</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/26/08</u>		Daytime Phone #: <u>954-593-3323</u>	