

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000025161

Entity Name: AS YOU WISH ON RYE INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

110 FOXRIDGE RUN  
LONGWOOD, FL 32750

**New Principal Place of Business:**

611 SYLVAN RESERVE COVE  
SANFORD, FL 32771

**Current Mailing Address:**

110 FOXRIDGE RUN  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIACCA, CATARINA  
110 FOXRIDGE RUN  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

THE GASTRO-TRUCK  
611 SYLVAN RESERVE COVE  
SANFORD, FL 32771 US

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.

SIGNATURE: CATARINA L TRIACCA

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MS.  
Name: TRIACCA, CATARINA L  
Address: 110 FOXRIDGE RUN  
City-St-Zip: LONGWOOD, FL 32750

Title: MRS.  
Name: BRAGG, LORI A  
Address: 611 SYLVAN RESERVE COVE  
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: CATARINA L TRIACCA

MS.

04/27/2011

Electronic Signature of Signing Officer or Director

Date