## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000077731

Address:

City-St-Zip:

14804 CHANNING CROSS

TAMPA, FL 33618

Entity Name: SANDRA'S TASTE OF TAMPA, INC.

FILED Feb 11, 2009 Secretary of State

|   |  | 7.0 17.012 OF 17.000 71, 1140.   |   |  |  |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business:          |  |                                  | New Principal Place o                       | New Principal Place of Business:             |  |
| 4718 N GF<br>TAMPA, F                         | RADY AVE<br>L 33614  | US                               |   |  |  |
| Current Mailing Address:                      |  |                                  | New Mailing Address                         | New Mailing Address:                         |  |
| 14315 BRI<br>TAMPA, F                         | ENTWOOD<br>L 33618   | DRIVE                            |   |  |  |
| FEI Number                                    | : 59-3276084   | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                  | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| LABARBA<br>1907 W KI<br>TAMPA, F<br>The above | RA, MICHAE<br>RA & CAMP<br>ENNEDY BL<br>L 33606 US<br>e named entif<br>e of Florida. | BELL<br>VD<br>S                  | e purpose of changing its registered        | l office or registered agent, or both,       |  |
| SIGNATU                                       | RE:  |                                  |   |  |  |
|   | Electr   | onic Signature of Registered A   | gent  | Date   |  |
| Election Ca                                   | mpaign Finand  | ing Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | GARCIGA, S   | ITWOOD DRIVE                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | GARCIGA, J   | ITWOOD DRIVE                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                          |  |
| Title:<br>Name:                               | VP<br>GONZALEZ.  | ( ) Delete<br>YVETTE             | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

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

Address:

City-St-Zip:

SIGNATURE: SANDRA GARCIGA PSTD 02/11/2009