

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004675

FILED
Apr 28, 2006
Secretary of State

Entity Name: GOOD TASTE, INC.

Current Principal Place of Business:

P.O. BOX 1068
HOLLYWOOD, FL 33022 US

New Principal Place of Business:

P.O. BOX 221068
HOLLYWOOD, FL 33022 US

Current Mailing Address:

PO BOX 1068
HOLLYWOOD, FL 33022 US

New Mailing Address:

PO BOX 221068
HOLLYWOOD, FL 33022 US

FEI Number: 65-0725167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAZARUS, DAVID M
18901 N.E. 29TH AVENUE
SUITE 100
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: GRAPPEL, SARAH F
Address: 1201 S. OCEAN DRIVE, 1012N
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: DT () Delete
Name: GRAPPEL, SARAH F
Address: 1201 S. OCEAN DRIVE, 1012N
City-St-Zip: HOLLYWOOD, FL 33019 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: SARAH F. GRAPPEL

PVST

04/28/2006

Electronic Signature of Signing Officer or Director

Date