

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90032 036 ***150.00

DOCUMENT # P99000068513 1. Entity Name SPANISH GOURMET PRODUCTS CORPORATION					
Principal Place of Business 8518 SW 8TH ST STE 121 MIAMI, FL 33144			Mailing Address 8518 SW 8TH ST MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # 2520 SW 22 STREET		3. Mailing Address 780 NW 42 AVE			
Suite, Apt. #, etc. SUITE #2-084		Suite, Apt. #, etc. SUITE #416			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0952000	
Zip 33145		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, MARIANO 8518 S.W. 8 ST. #121 MIAMI, FL 33144		7. Name and Address of New Registered Agent Name ANGEL D. CORDOVA Street Address (P.O. Box Number is Not Acceptable) 780 NW 42ND AVENUE STE. #416 City MIAMI, FL Zip Code 33126			
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: DATE: 3/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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	VP JIMENEZ, MARIANO C/ COVARRUBIAS 19 MADRID, SPAIN, 28010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIMENEZ, MARIANO/333 UNIVERSITY DR. APT. 320, CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARDELLA, RICARDO 1620 SW 87 PLACE MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, AMANDA 600 PARKVIEW DR. APT. #506, HALLANDALE BEACH, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: X			MARIANO JIMENEZ DIR. 03-28-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		