

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000085600

1. Entity Name
SOUTHSEA GOURMET, INC.



FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
3774 NE 167TH STREET
NO. MIAMI BEACH, FL 33160

Mailing Address
3774 NE 167TH STREET
NO. MIAMI BEACH, FL 33160



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPARKES, PAULINE
1900 185TH TERRACE
NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARPER, DAVID A.
STREET ADDRESS 3774 NE 167TH ST.
CITY-ST-ZIP N. MIAMI BEACH, FL 33160

TITLE D
NAME TORTOSA, SILVIA
STREET ADDRESS 3774 N.E. 167TH ST.
CITY-ST-ZIP MIAMI, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000954946
07/15/08-80004-016 \$550.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/08

Date

7862512455

Daytime Phone #