


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 08:00 AM
Secretary of State

DOCUMENT # S36331 1. Entity Name SAARA'S GOURMET KITCHEN, INC.					
Principal Place of Business C/O LARRY MAHONEY 701 SO. "D" ST. LAKE WORTH, FL 33460			Mailing Address C/O LARRY MAHONEY 701 SO. "D" ST. LAKE WORTH, FL 33460		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. # etc.		Suite, Apt. # etc.			
City & State		City & State		05052008 Chg-P CR2E034 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 65-6075800	
				Applied For <input checked="" 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 O'TOOLE, STEPHEN P. 521 LAKE AVENUE, SUITE 3 LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RIPATTI, SAARA 111 SOUTH C STREET LANTANA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPATTI, SAARA 111 SOUTH C STREET LANTANA, FL	<input type="checkbox"/> Delete			
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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.			U00000952929 06/09/08-80002-025 150.00		
SIGNATURE: <i>Scara Ripatti, PST</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JUNE 3-08 561-588-9105 <small>Date Daytime Phone #</small>		