


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # S47818 1. Entity Name MADAME GOUGOUSSE FOODS CORP. |  |
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|---|--|
| Principal Place of Business 5800 NW 32ND COURT MIAMI, FL 33142 US | Mailing Address C/O IVAN A. GOMEZ ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131 |
|---|--|

DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

| | |
|--|---------------------------------------|
| 4. FEI Number 65-0456167 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**IAG CORPORATE SERVICES, INC
601 BRICKELL KEY DRIVE
STE 507
MIAMI, FL 33131**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**


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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GUIXENS, JUAN J JR. 5800 NW 32ND COURT MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUIXENS, JUAN J SR 5800 NW 32ND COURT MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUIXENS, MAYRA C 5800 NW 32ND COURT MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GUIXENS, MANUEL J. 5800 NW 32ND COURT MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUIXENS, ROSA C. 5800 NW 32 COURT MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD GUIXENS, CHRISTINA L. 5800 NW 32 COURT MIAMI, FL 33142 |

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05/02/07-80101-010 158.75

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:  **(305) 371-9213**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Juan J. Guixens, Jr., President** Date: _____ Daytime Phone #: _____