

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # S47818	
1. Entity Name MADAME GOUGOUSSE FOODS CORP.	
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



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0456167	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

U00000920632  
 05/14/08-80051-010 158.75

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

**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: Juan J. Guixens Juan J. Guixens, President Date \_\_\_\_\_ (305) 371-9213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #