


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # V47380 1. Entity Name GOURMET GOURMET OF CORAL GABLES, INC.	
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Principal Place of Business 210 VALENCIA AVE CORAL GABLES, FL 33134 US	Mailing Address 210 VALENCIA AVE CORAL GABLES, FL 33134 US
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01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0342893	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 SANG, JOSE T. 210 VALENCIA AVE. CORAL GABLES, FL 33134
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000111920
04/14/04-80002-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SANG, JOSE T.
STREET ADDRESS	4913 SW 135 CT
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	LUK, JAN WAH
STREET ADDRESS	17941 NORTHWEST 9TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	D
NAME	SANG, YOLANDA
STREET ADDRESS	17941 N.W. 9TH CT
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date **4-01-04** Daytime Phone # **(205) 443-8664**