
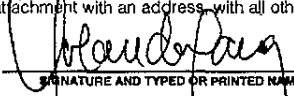



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V47380</b> 1. Entity Name <b>GOURMET GOURMET OF CORAL GABLES, INC.</b>		
Principal Place of Business <b>210 VALENCIA AVE CORAL GABLES, FL 33134 US</b>	Mailing Address <b>210 VALENCIA AVE CORAL GABLES, FL 33134 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SANG, JOSE T. 210 VALENCIA AVE. CORAL GABLES, FL 33134</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANG, JOSE T. 4913 SW 135 CT MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUK, JAN WAH 17941 NORTHWEST 9TH COURT PEMBROKE PINES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANG, YOLANDA 17941 N.W. 9TH CT PEMBROKE PINES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <b>Yolanda Sang</b>		March 25, 2005  <small>Date Daytime Phone #</small>



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0342893</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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03/28/05-80014-005 150.00

**DO NOT WRITE  
IN THIS SPACE**