


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # H67059
 1. Entity Name
PAARIS GOURMET, INC.



Principal Place of Business Mailing Address
C/O ARIS A. VOYER **C/O ARIS A. VOYER**
280 SUNSET AVENUE **280 SUNSET AVENUE**
PALM BEACH FL 33480 **PALM BEACH FL 33480**

2. Principal Place of Business 3. Mailing Address
280 SUNSET AVENUE **280 SUNSET AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM BEACH FLORIDA **PALM BEACH FLORIDA**
 Zip Country Zip Country
33480 **USA** **33480** **USA**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
VOYER, ARIS A.
500 OYSTER RD.
N. PALM BEACH FL 33408

4. FEI Number Applied For
59-2573265 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP VOYER, ARIS A. <input type="checkbox"/> Delete 500 OYSTER RD. NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VOYER, PATRICIA J. <input type="checkbox"/> Delete 500 OYSTER RD. NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P VOYER, ARTHUR D., JR. <input type="checkbox"/> Delete 3800 WASHINGTON RD APT 701 WEST PALM BEACH FL 33405
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Aris A. Voyer Date: 4/6/05 Daytime Phone #: 561 659-6503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR