


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90029 006 \*\*\*158.75

DOCUMENT # S23428			
1. Entity Name GOURMET GAS PLUS, INC.			
Principal Place of Business 6637 NORTHWEST 98 DRIVE PARKLAND, FL 33076 US		Mailing Address 1140 KANE CONCOURSE 5TH FLOOR BAY HARBOUR ISLANDS, FL 33154-2045 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>SILVERS, ROBERT HENRY 1140 KANE CONCOURSE - 5TH FLOOR BAY HARBOR ISLANDS, FL 33454</del>		Name: <u>Alfred Shohat</u> Street Address (P.O. Box Number is Not Acceptable): <u>6637 NW 98 Drive</u> City: <u>Parkland</u> FL Zip Code: <u>33076</u>	
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: <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.		DATE: <u>1/20/05</u> (NOTE: Registered Agent signature required when reinstating)	
<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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULTAN, MATT 1140 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOHAT, ALFRED 1140 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLANDS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>1/20/05</u> Daytime Phone #: <u>305-864-7531</u>	

50007045



01202005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0232867 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Alfred Shohat