


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000011902  
1. Entity Name  
SWEET OCEAN CORPORATION



Principal Place of Business 169 E. FLAGLER STREET #1118 MIAMI, FL 33131	Mailing Address 169 E. FLAGLER STREET #1118 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0148413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GLINSKY, MICHAEL  
169 E. FLAGLER STREET  
#1118  
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 \_\_\_\_\_ 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**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, CRISTINA 169 E. FLAGLER STREET #1118 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, AMPARO 169 E. FLAGLER STREET #1118 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLINSKY, MICHAEL 169 E. FLAGLER STREET #1118 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/21/05-80023-007 150.00

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: CRISTINA TORRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_