


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90416 029 ***150.00

DOCUMENT # P03000066316

1. Entity Name
Angelica's Water Ice Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4955 Sheldon St
Suite, Apt. #, etc.

3. Mailing Address
4955 Sheldon St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Phila PA

City & State
Phila PA

Zip
19144

Country
America

Zip
19144

Country
America

4. FEI Number
74-3102830

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) ---

1201 Hays Street

City Tallahassee, **FL** Zip Code 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	<u>Director</u> <u>Darren Ennis</u> <u>4955 Sheldon St</u> <u>Phila PA 19144</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director - President</u> <u>Sterling Bazzell</u> <u>7412 Throuron Ave</u> <u>Phila PA 19144</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director</u> <u>Angela Gill</u> <u>239 North 7th Street</u> <u>Darby, PA 19023 - US</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director, Vice President</u> <u>4955 Sheldon St</u> <u>Phila PA 19144</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Darren Ennis Darren Ennis 4-29-04 215-917-7390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)