# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Ρ

#### SIGNATURE: ARIEL GONZALEZ

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P04000034501

Entity Name: SWEET SOLUTIONS MANAGEMENT INC.

#### **Current Principal Place of Business:**

6474 WEST FLAGLER STREET MIAMI, FL 33144

## **Current Mailing Address:**

6474 WEST FLAGLER STREET MIAMI. FL 33144

## FEI Number: 20-0768684

## Name and Address of Current Registered Agent:

GONZALEZ, ARIEL 6774 SW 77 TERR MIAMI, FL 33143 US

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.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	Ρ	Title	VS
Name	GONZALEZ, ARIEL	Name	GONZALEZ, MARISOL
Address	6774 SW 77 TERR	Address	6774 SW 77 TERR
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143

FILED Apr 11, 2013 Secretary of State CC3581575011

Date

Certificate of Status Desired: No

04/11/2013

Date