FILED Mar 07, 2003 8:00 am

2003	FOR	PROFIT (ORPORAT	ION
			REPORT (

DOCUMENT # 334141 1. Entity Name 33 FLAVORS OF FLORIDA, INC.					Secretary of State 03-07-2003 90134 043 ***150.00				
Principal Place of Busines 744 S ORANGE AVE SARASOTA FL 34236 US		Mailing Address PO BOX 2033 SARASOTA FL 34230 US							
2. Principal Place of Busin 8051 N. TAN			!		81811 81811 BYRT 81811 I	HOU DIRN HAD			
Suite, Apt. #, etc. 	Box 9	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State SANASOTA, FL.		City & State			4. FEI Number 59-1219421 Applied For Not Applicable				
3 ^{Zip} 243	Country A.	Zip	Country		5. Certificate of Sta		T Fee Require	ed	
6. <u>N</u> ame	and Address of Current	Registered Agent			Z. Name and Add				
JUNG, WESTON E.	·		Nam	<i>v</i> - 2	70~ €.		-		
744 S ORANGE AVE SARASOTA FL 34236			***			O. Box Number is Not Acceptable) TAMIAMI			
				7 - 2 SARA	BOX	7	FL ZieSee	de	
SIGNATURE	y submits this statement for gred agent. Corporated name of registered agent a	the purpose of changing its		e or registere	d agent, or both, in t			and accept	
FILE NOW!! After May 1, 200 Make Check Payable to	! FEE IS \$150.00 IS Fee will be \$550.00 Florida Department of	State	N			Campaign Financin nd Contribution.		00 May Be d to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHAN	IGES TO OFFICERS	AND DIRECTOR	Q INI 11	
TITLE P NAME JUNG, WE STREET ADDRESS 744 S ORA CITY-ST-ZIP SARASOTA	INGE AVE	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	809	5/ /V. TAIN	IAMITRAIC	Change Change	☐ Addition	
TITLE S JUNG, JAN STREET ADDRESS 744 S ORA SARASOTA	NGE AVE	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	-	TIN. TAIN		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the	information supplied with t	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		on 119 07/21/3\ Et:	da Statutas 15 at	☐ Change	Addition	

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:

3/4/03 941-355-1966
Date Davime Phone *