### **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

#### **DOCUMENT # 366605**

EVENING'S DE-LIGHT, INC.



Principal Place of Business

9621 SOUTH DIXIE HIGHWAY MIAMI, FL 33156

Mailing Address

9621 SOUTH DIXIE HIGHWAY MIAMI, FL 33156

# FILED Jul 15, 2005 8:00 am **Secretary of State**

07-15-2005 90021 005 \*\*\*150.00

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## DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1301272

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HITE, CATHERINE PA 799 BRICKELL PLAZA MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	o it applicable. (NOTE: Registored	Agent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS-CITY-ST-ZIP	P ZISMAN, DAVID 7445 SW 140 DRIVE MIAMI, FL 33158 ST ZISMAN, LAURA 8240 SW 91ST ST MIAMI, FL 33157 V ZISMAN, JONATHON 18720 SW 84 CT MIAMI, FL 36157  MIAMI, FL 36157	SW 11857	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	l				

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 of the corporation of the corporation of the corporation of the corporation of 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 of the corporation of the corporation of the corporation of the receiver of 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 of the corporation of the corp

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP