2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 366605

1. Entity Name

EVENING'S DE-LIGHT, INC.



Mailing Address

9621 SOUTH DIXIE HIGHWAY MIAMI, FL 33156

Principal Place of Business

9621 SOUTH DIXIE HIGHWAY MIAMI, FL 33156

FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90380 050 ***150.00

60023025



01052006

No Chg-P

CR2E034 (11/05)

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 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	Р				
NAME	ZISMAN, DAVID				
STREET ADDRESS	7445 SW 140 DRIVE		B		
CITY-ST-ZIP	MIAMI, FL 33158				
TIFLE	ST				
NAME	ZISMAN, LAURA				
STREET ADDRESS	8240 SW 91ST ST				
CITY-ST-Z#P	MIAMI, FL 33157				
TITLE	V				
NAME	ZISMAN; JONATHON		ı		-
STREET ADDRESS	7735 SW 118 ST		ŀ	DO	NOT WRITE
CITY-ST-ZIP	MIAMI, FL 33156			DU	NOI WRITE
TITLE		***************************************		IM	THIS SPACE
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NAME					
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CITY-ST-ZIP					,
TITLE					
N1464F	•				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

aura Zisman

Date

305-666-331