2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004296

PLANTATION, FL 33323

City-St-Zip:

Entity Name: FROZEN CUSTARD OF SOUTH FLORIDA, INC.

FILED May 02, 2007 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
12801 W S SUNRISE,	UNRISE BLVC FL 33323 L	SPACE 735 JS				
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:		
26698 SAIN EASTON, M	IT MICHAELS MD 21601 (ROAD JS				
FEI Number:	52-1918372	FEI Number Applied For ()	FEI Number Not Appl	icable () Certifi	cate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
DESANTIS, ANTHONY J JR 860 NW 86 AVE #613 PLANTATION, FL 33324 US			8701 WIND	DESANTIS, ANTHONY J JR 8701 WINDY CIRCLE BOYNTON BEACH, FL 33437 US		
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered office o	r registered agent, or both,	
SIGNATUR	E:			05/02/2007		
	Electroni	c Signature of Registered Age	nt	Date		
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	t receive the prior notic	е.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () DESANTIS, ANT 860 NW 86TH A PLANTATION, F	VE #613	Title: Name: Address: City-St-Zip:	P (X) Chang DESANTIS, ANTHONY 8701 WINDY CIRCLE BOYNTON BEACH, FL		
Title: Name: Address: City-St-Zip:	VP () RIECK, HARRY 26698 SAINT MI EASTON, MD 2	CHAELS ROAD	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name: Address: City-St-Zip:	T () RIECK, SHARON 26698 SAINT MI EASTON, MD 2	CHAELS ROAD	Title: Name: Address: City-St-Zip:	() Change	e () Addition	
Title: Name: Address:	S () DESANTIS, ANN 860 NW 86TH A		Title: Name: Address:	S (X) Change DESANTIS, ANNA 8701 WINDY CIRCLE	e () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip: BOYNTON BEACH, FL 33437

SIGNATURE: SHARON L. RIECK VP 05/02/2007