

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60628

FILED
Mar 19, 2008
Secretary of State

Entity Name: HOSTESS CAKE DISTRIBUTORS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

13794 NW 4TH ST., SUITE 203
SUNRISE, FL 33325 US

New Principal Place of Business:

13794 NW 4TH ST.
SUITE 203
SUNRISE, FL 33325 US

Current Mailing Address:

13794 NW 4TH ST., SUITE 203
SUNRISE, FL 33325 US

New Mailing Address:

13794 NW 4TH ST.
SUITE 203
SUNRISE, FL 33325 US

FEI Number: 59-2338796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, HOWARD
1385 SW 12 AVE
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

SCHWARTZ, HOWARD
13794 N.W. 4TH ST.
SUITE 203
SUNRISE, FL 33325 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: HOWARD SCHWARTZ

03/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHWARTZ, HOWARD,
Address: 1385 SW 12 AVENUE
City-St-Zip: POMPANO BCH., FL 33069

Title: SVP () Delete
Name: SCHWARTZ, STEVEN
Address: 1385 SW 12TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHWARTZ, HOWARD,
Address: 13794 N.W. 4TH ST., SUITE 203
City-St-Zip: SUNRISE, FL 33325

Title: SVP (X) Change () Addition
Name: SCHWARTZ, STEVEN
Address: 13794 N.W. 4TH ST., SUITE 203
City-St-Zip: SUNRISE, FL 33325

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.

SIGNATURE: STEVEN SCHWARTZ

VP

03/19/2008

Electronic Signature of Signing Officer or Director

Date