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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

3. FILED
2004 JUL 13 PM 12:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019862

1. Entity Name
EXECUTIVE SWEET, LLC

Principal Place of Business	Mailing Address
1216 EAST ATLANTIC BLVD. SUITE 7 POMPANO BEACH, FL 33060	P.O. BOX 272123 BOCA RATON, FL 33431

01052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0481155 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRICK, WILLIAM W JR. 1216 EAST ATLANTIC BLVD. SUITE 7 POMPANO BEACH, FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ODEN, ROBERT F 1216 EAST ATLANTIC BLVD, STE 7 POMPANO BEACH, FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROBERT F ODEN U/A/D 12/17/03 ROBERT F. ODEN, TRUSTEE P.O. BOX 272123 BOCA RATON, FL 33427-2423	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ODEN, LILIA G 1216 EAST ATLANTIC BLVD., STE 7 POMPANO BEACH, FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LILIA ODEN U/A/D 12/17/03 LILIA ODEN, TRUSTEE P.O. BOX 272123 BOCA RATON, 33427-2123	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WELZIEN, JAMES S 1216 EAST ATLANTIC BLVD., STE 7 POMPANO BEACH, FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STANLEY, ROBERTA G 1216 EAST ATLANTIC BLVD., STE 7 POMPANO BEACH, FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lilia Oden Lilia Oden 2-10-04 561-912-1450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #