


FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90068 012 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | |
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| DOCUMENT # L07000091417 | |  | |
| 1. Entity Name SWEET CORN, LLC | | | |
| Principal Place of Business 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US | | Mailing Address 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US | |
| 2. Principal Place of Business - No P.O. Box # 11850 DR MLK STREET N | | 3. Mailing Address 11850 DR MLK STREET | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State SAINT PETERSBURG, FL | | City & State SAINT PETERSBURG, FL | |
| Zip 33716 | Country U.S.A | Zip 33716 | Country U.S.A |
| 6. Name and Address of Current Registered Agent SZAFRICS, IMRE 424 E. CENTRAL BLVD # 106 ORLANDO, FL 32801 | | 7. Name and Address of New Registered Agent Name IMWORLD SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 424 E. CENTRAL BLVD # 106 City ORLANDO FL Zip Code 32801 | |
| 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 1/15/2008 Signature, typed or printed name of registered agent and title if applicable (If Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR NOVECO INC. P.O. BOX 3175, BRITISH VIRGIN ISLAND ROAD TOWN TORTOLA, BV 3175 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied on this report is true and accurate. I am the owner of the limited liability company or the receiver of the limited liability company, or the person authorized to execute this report as required by Chapter 608, Florida Statutes. I further certify that the information indicated on this report is true and accurate. 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 of the limited liability company, or the person authorized to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: RADICS ZOLTAN 1/14/2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | |