


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000000030**

1. Entity Name  
**SWEET DISTRIBUTION LLC**



Principal Place of Business <b>615 S. DUPONT HWY.          DOVER, DE 19901</b>	Mailing Address <b>215 S.E. 10TH AVE.          HIALEAH, FL 33010</b>
---	---



04272004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**SCHECK, JEFFREY  
 215 S.E. 10TH AVE.  
 HIALEAH, FL 33010**

**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: *Jeffrey Scheck* 4/29/04  
Signature type: principal, name of registered agent and title if applicable. (Note: Registered Agent Signature required when reinstating). DATE

**Filing Fees \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHECK, MICHAEL 215 S.E. 10TH AVE. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHECK, JEFFREY 215 S.W. 10TH AVE. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHECK, MARTIN 215 S.E. 10TH AVE. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

100000156644  
 05/05/04-80083-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jeffrey Scheck* 4/29/04 305 803-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #