2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2004 08:00 AM Secretary of State

1. Entity Nan	MENT # M30142 SCRUMPTIOUS CHOCOLA				- Court	-	
Principal Place 8368 MILLS MIAMI, FL 3		Mailing Address 8368 MILLS DRIVE MIAMI, FL 33183					
DO NOT WRITE IN THIS SPACE				04192004 No Chg-P CR2E034 (10/03) 4. FEI Number			
PATRIZIO 8368 MILL MIAMI, FL	, JOANN S DRIVE	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement floors of registered agent. Signature, typed or ponted name of registered agen		ered office or registe		th, in the State of Flo	orida. I am tamil DATE	iar with, and accept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550			.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD PATRIZIO, JOANN 1255 NW 21ST TERR DELRAY BCH, FL	DIRECTORS			U00000 04/30/04-	142778 80065-00	9 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NOT W THIS SF		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			<u>.</u>				
12. I hereby of indicated of the corchanged.	certify that the information supplied wit on this report or supplemental report in portation or the receiver or trustee endo or on an attachment with an address.	I this filling does not qualify for the exist strue and accurage and that my significant of existing this report as required in the control of the control o	emption stated in Se ature shall have the pired by Chapter 607	ection 119.07(3)(same legal effect 7, Florida Statute	i), Florida Statutes. It as if made under ones; and that my name	I further certify the cath; that I am an eappears in Bio	nat the information officer or director ck 10 or Block 11 if