


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90321 048 ***150.00

DOCUMENT # M63592
 1. Entity Name
 LOLY'S HELADOS INC.



Principal Place of Business: 10404 W. FLAGER ST. #6 MIAMI, FL 33174
 Mailing Address: 10404 W. FLAGER ST. #6 MIAMI, FL 33174

30039277

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



04142005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0016395 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

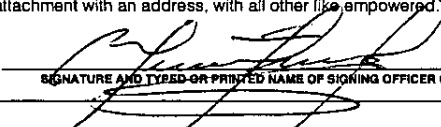
6. Name and Address of Current Registered Agent: GUATEMALA, BRENDA, 689 N.W. 104TH COURT, MIAMI, FL 33175
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: GUATEMALA, BRENDA STREET ADDRESS: 689 N.W. 104 COURT CITY-ST-ZIP: MIAMI, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GUATEMALA CH., JUAN J. STREET ADDRESS: 689 N.W. 104 COURT CITY-ST-ZIP: MIAMI, FL	<input checked="" 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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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JUAN J. GUATEMALA
 Date: 04/15/05 (305) 227-0488 Daytime Phone #