

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N02000001556

Entity Name: SUGAR SHACK BISTRO, INC.

Current Principal Place of Business:

PO BOX 3254
W PALM BEACH, FL 334023254

New Principal Place of Business:

Current Mailing Address:

PO BOX 3254
W PALM BEACH, FL 334023254

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLIGAN, ALPHONSO S ESQUIRE
2580 METROCENTRE BOULEVARD
6
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLIGAN, ANGEL D
Address: PO BOX 211796
City-St-Zip: ROYAL PALM BEACH, FL 334211793

Title: D () Delete
Name: FANJUL, EMILIA
Address: 105 JUNGLE RD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: COPPOCK, MARK S
Address: 626 N DIXIE HWY
City-St-Zip: W PALM BEACH, FL 33401

Title: D (X) Delete
Name: MILLIGAN, ALPHONSO S
Address: PO BOX 3254
City-St-Zip: W PALM BEACH, FL 334023254

Title: D (X) Delete
Name: FANJUL DE AZQUETA, LILLIAN
Address: 626 N DIXIE HWY
City-St-Zip: W PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILLIGAN, ALPHONSO S
Address: P.O. BOX 3254
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D (X) Change () Addition
Name: MONTOYA, SANDRA E
Address: 5428 GENE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONSO S. MILLIGAN

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date