

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90101 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015385	
1. Entity Name	
AMAZING CHOCOLATES, INC.	

44033498

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1926 TYLER ST. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State HOLLYWOOD, FL	City & State
Zip 33020	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0981385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name DARLEN CAPADONNO-EDDY	
Street Address (P.O. Box Number is Not Acceptable) 1926 TYLER ST.	
City HOLLYWOOD	Zip Code 33020

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DARLEN CAPADONNO- EDDY 1926 TYLER ST. HOLLOYWOOD, FL. 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Darlene Capadonno-Eddy President 4-18-04 954 926-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**