

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 039 ***150.00

DOCUMENT # P00000031661

1. Entity Name
Simply Irresistible Baked Goods, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1890 Providence Blvd Suite, Apt. #, etc. Ste N City & State Deltana, Florida Zip 32725 Country USA		3. Mailing Address 1890 Providence Blvd Suite, Apt. #, etc. Ste N City & State Deltana, Florida Zip 32725 Country USA	
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4. FEI Number 59-3641588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Saul A. Villafane
Street Address (P.O. Box Number is Not Acceptable): 1899 Fortune Court
City: Deltana FL Zip Code: 32725

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.

SIGNATURE: *Saul A. Villafane* (NOTE: Registered Agent signature required when reappointing) DATE: 3/7/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$250.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Eiba Q. Mercado P/T/C 1899 Fortune Ct Deltana, FL 32725	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Saul A. Villafane V/S/M 1899 Fortune Ct Deltana, FL 32725	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Saul A. Villafane* DATE: 3/7/02 (386) 774-9244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)