3/13/02-90152-035-$150.00-$150.00

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001986

1. Entity Name
DAIRY DELIGHTS, INC.

FILED
03 MAY 27 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
	4930 NW 86 AVE Sunrise, Fla 33351

2. Principal Place of Business	3. Mailing Address
1659 Stirling Rd.	4930 NW 86 AVE
Suite, Apt. #, etc.: Ste 26	Suite, Apt. #, etc.
City & State: Davie Fla	Sunrise, Fla
Zip: 33024 Country: USA Broward	Zip: 33351 Country: Broward

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIVERA, JOHN

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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.

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

9. This corporation is eligible to entitle its intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN RIVERA [X] Delete	TITLE P NAME Hussam AKKoub STREET ADDRESS 4930 NW 86 AVE CITY-ST-ZIP Sunrise, Fla 33351	[X] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

500020418335
06/03/03--01018--021 **61.25

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 [illegible] Section 11 or Block 12B

SIGNATURE: [signature] JOHN RIVERA
Title or Status
Date Daytime Phone #

03042402 AV

CORPORATION (9/01)

JR 5/29