FILED 2003 FOR PROFIT CORPORATION Apr 28, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State **DOCUMENT #** P01000022378 04-28-2003 90277 032 ***150.00 1. Entity Name DESSERT DISTRIBUTORS, INC. Principal Place of Business Mailing Address 3403 N.W. 68TH COURT 3346 3400"N.W. 68TH COURT 11018669 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business CT Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For LAUDERDALE 65-1080468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHINDERMAN, STEVEN Street Address (P.O. Box Number is Not Asceptable) 3483 N.W. 68TH COURT FT LAUDERDALE FL 33309 FT LANDERDALE 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. /-/5-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE NAME SHINDERMAN, STEVEN NAME 3346 NW 68-CF STREET ADDRESS STREET ADDRESS 3403 N.W. 68TH COURT CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 TITLE ☐ Delete TITLE Change ☐ Addition 3346 NW 68CT NAME Brown, Beverly Jo NAME STREET ADDRESS STREET ADDRESS 3403 N.W. 68TH COURT CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Addition ☐ Delete ☐ Change TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empower

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition