

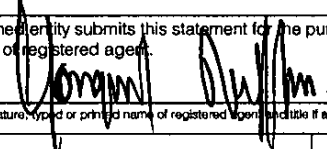
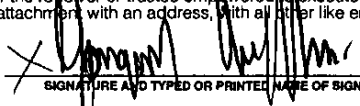


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90073 025 ***150.00

DOCUMENT # P01000113652 1. Entity Name SWEET BASIL, INC. ✓					
Principal Place of Business 1624-36 KENNEDY CAUSEWAY NORTH BAY VILLAGE, FL 33141			Mailing Address 1624-36 KENNEDY CAUSEWAY NORTH BAY VILLAGE, FL 33141 ✕		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7510 BEACH VIEW DR. Suite, Apt. #, etc.		 03012005 Chg-P CR2E034 (10/03)	
City & State		City & State NORTH BAY VILLAGE, FL.			
Zip Country		Zip Country 33141			
4. FEI Number 60-0001417		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent NETHONGKOME, YONGYUTH 1624-26 KENNEDY CAUSEWAY NORTH BAY VILLAGE, FL 33141	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 3/11/05 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME NETHONGKOME, YONGYUTH	<input type="checkbox"/> Delete	TITLE P	NAME NETHONGKOME, YONGYUTH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7510 BEACHVIEW DRIVE	CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141 ✓		STREET ADDRESS 7510 BEACH VIEW DR.	CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP	NAME CARLSON, EDY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 1625 KENNEDY CAUSEWAY #908	CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
SIGNATURE:  Date: 3/11/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					