## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2006 8:00 am Secretary of State

DOCUMENT # P01000121624  1. Entity Name DELIGHT SWEET, CORP.					04-04-2006 90044 009 ***150.00			
Principal Place	e of Business	Mailing Address				3136		
7130 SW 22		7819 REA RD #200						
MIAMI, FL 33		INDIANAPOLIS, IN 46227	•					
	_			111631611	II 4643   113    4611  4311  61			
2. Principal Place of Business 127 CT 3. Mailing Address 352 Facen				e.//				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03032006	Chg-P	CR2E034 (11/05)		
City & State	estead A	City & State  STRENWOO	od, IN	4. FEI Numb 46/4301-057			plied For t Applicable	
るろん	2.32 Country	246143	Country	5. Certificati	e of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current Re	gistered Agent	Ĭ	7. Name an	d Address of New F	Registered Agent		
IIMENEZ	WETTE CAPOTE		Name	Timer	002 V	vette (a	epota	
JIMENEZ, YVETTE CAPOTE 6775 SW 44 ST #53			Street A	ddress (P.O. Box Numb	per is Not Acceptable	е)		
MIAMI, FL 33155			24	000 0	10	3 MT		
	:		Ciba	700	11/2	T Zip Code		
Homes					20	FL Ø	202	
8. The above named catity 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.								
CIONATURE	(· MII)							
SIGNATURE_	Signature, typical printed name of registered agent and	title if applicable. (NOTE: R	egistered Agent signati	ure required when reinstating)		DATE		
		9. Election Campaign	Financino	\$5.00 May Be				
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution				Added to Fees				
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTORS	S IN 11	
TITLE	PD VACOED	☐ Delete	TITLE	treside		Change	Addition	
NAME STREET ADDRESS	LEAL, YASSER 7130 SW 22 STREET		NAME STREET ADDRESS	adoda k	055er	T.1 1	100	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	19802		Homestead	1,4330	32
TITLE	VP	Delete	TITLE	Vicepre	udeel	Change	Addition	
name Street address	GARCIA, VICTOR 7130 SW 22 ST	/ \	NAME STREET ADDRESS	Timene	2, Vvet	te Capite		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	24980	9101 12-	701		
TITLE		☐ Delete	TITLE	Imaget	ad A	9 30 3 Change	Addition	
NAME			NAME	TIUMES 16	ucc, in.	Super.		
CITY-ST-ZIP			STREET ADDRESS CITY-S1-ZIP				1	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CHY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	mu			☐ Change	Addition	
NAME			NAME			_ •	_	
STREET ADDRESS CITY-S1-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		_	Change	☐ Addition	
NAME		LI Dexie	NAME			□ creating	Accounter	
STREET ADDRESS			STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplier 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 of rustree-embored ed 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 attackment with an additional statute of the chapter 607 in the receiver of rustree-embored in the statute of the chapter 607.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #