FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED Feb 10, 2003 8:00 am Secretary of State

DOCUMENT # PO1 000 121624	02-10-2003 90437 028 ***150.00
Delight Sweet, Corp.	
DO NOT WRITE IN THIS SP	ACE
2. Principal Place of Business 445T 3. Mailing Address . 145T Suite, Apt. #, etc. Suite, Apt. #, etc.	le Piney Drive
#33	DO NOT WRITE IN THIS SPACE
City & State Indianal	DO/is IV. FEI Number - 0572983 Applied For Not Applicable
Zip (33/53 Country Zip / 227	Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
THE SETTING	7. Name and Address of Current Registered Agent
DO NOT WRITE	- Name -y-ve-fle- (-a-pote-Jimene)
IN THIS SPACE	Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	6775 SW 445T #53.
	City Liami FL Zigo 3/55
8. The above named entry submits this statement for the purpose of changing its re	egistered office of registered agent, or both, in the State of Florida.
SIGNATURE Signature Typed & prifted name of registered agent and little if applicable. (NOTE: R	2/5/03.
	Registered Agent signature required when reinstating) DAT y.1 Fee is \$150.00
Tax filing requirement and elects to do so. (See criteria or back)	Fee is \$550.00 10. Election Campaign Financing S5.00 May Be UBR is \$61.25 Added to Fees to Department of State
11. OFFICERS AND DIRECTORS	
NAME Yvette Panote Jimenes	TITLE S
STREET ADDRESS 6775 SW 445T # 53	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME
TITLE MIGMIN PK. 33133.	TITLE
NAME STREET ADDRESS	NAME Street address
CTY-ST-ZIP	CITY-ST-ZIP
TITLE NAME	TITLE NAME
STREET ADDRESS City-ST-2P	STREET ADDRESS
TITLE	
NAME STREET ADDRESS	NAME IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE :	TITLE
NAME STREET ADDRESS	NAME Street address
City-St-ZiP	CITY - ST - 2IP
TITLE NAME	TITLE NAME
STREET ADDRESS	STREET ADDRESS
13. Thereby certify that the information supplied with this filling does not qualify for the	CITY-ST-ZIP A examplion stated in Section 110 07(2)(f) Florida Statutos I further exatifully the information
of the corporation or the reserver be trustee employered to execute this report as	e exemption stated in Section 119.07(3)(i), Fiorida Statutes, I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that rify name appears in Block 11 or on an
attachment with an address, with all other like empowered.	2/5/03.
SIGNATURE: SIGNATURE AND TYPED OD FRITTED NAME OF SIGNING OFFICER OF I	