

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-17-2003 90331 045 ***158.75

P02000057415

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -9 AM 7:17

DOCUMENT #	P02000057415
1. Entity Name	ELEGANT SWEETS CORP.



Principal Place of Business 13914 S.W. 25TH TERRACE MIAMI FL 33175	Mailing Address 13914 S.W. 25TH TERRACE MIAMI FL 33175
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	15841 Pines Blvd. #176
City & State	City & State Pembroke Pines, FL
Zip	Zip 33007
Country	Country Broward

CHECK HERE IF MAKING CHANGES	Applied For
33-1007961	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVA, ADA E 13914 S.W. 25TH TERRACE MIAMI FL 33175	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 2/12/2003

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OLIVA, ADA E 13914 S.W. 25TH TERRACE MIAMI FL 33175 <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
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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: SIGNATURE REQUIRED Ada Oliva DATE 2/12/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)