2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P02000059529

1. Entity Name SWEET EATS II, INC.



FILED May 05, 2003 8:00 am & Secretary of State

05-05-2003 91759 019 ***150.00

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Principal Place 5405 LYONS I COCONUT CR	ROAD	S	5405 L	Mailing Address 5405 LYONS ROAD COCONUT CREEK FL								
2. Principal f	Place of Busin	ness	3. Mai	3. Mailing Address] } 	88 6 3 1 1 1 1 1 1 1 1 1			
Suite, Apt.	. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat			City	City & State			4.	FEI Number 02 - 062629	Applied For Not Applicable			
Zip Country 33073 6. Name and Address of Current			Zip _334	Zip Cc 33073			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7.	Name and Address of New Regis	tered Agent]
-	د الله المستد	e entre de la company				Name		20 12-21 2				7.
MILLS, SC	πο			Street Addr			drace (DO E	ss (P.O. Box Number is Not Acceptable)				
4547 NW	51 STREET					Street Add	aleas (F.O. L	oox Number is Not Acceptable)				
COCONU	T CREEK FL	_ 33073										7
				C					FL Zip	Code)	1
8. The above the obligat	named entit	y submits this statemen tered agent.	t for the purp	ose of changing its	registere	ed office or re	egistered ag	ent, or both, in the State of Florida.	I am familiar	with, a	and accept]
SIGNATURE	Signature, typed	or printed name of registered ag	gent and title if app	licable. (NOT	E: Registere	d Agent signature	required when re	einstating)	DATE	<u> </u>		
			<u> </u>									1
Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Departmen						Election Campaign Financia Trust Fund Contribution.	~ ~ .		May Be to Fees	
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12 Thereby	certify that the	e information supplied v	with this filing.	does not qualify for	r the ever	mation etated	d in Section	110 07/3\(ii) Florida Statutos I furth	or cortify that	the inf	formation	1

indicated on this report or supplied with this riling 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 suppliemental 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 Ampowered 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 addiess, with all other like ampowered.

SIGNATURE: