


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000082451	
1. Entity Name WIPEOUT TREATS AND SWEETS, INC	

Principal Place of Business 203 S. FT LAUDERDALE BEACH BLVD. FT. LAUDERDALE, FL 33310	Mailing Address 203 S. FT LAUDERDALE BEACH BLVD. FT. LAUDERDALE, FL 33310
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DO NOT WRITE IN THIS SPACE

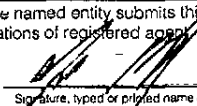


01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1530740	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 PARASI, PETER P 4045 NW 16TH STREET 111 FORT LAUDERDALE, FL 33310

DO NOT WRITE
IN THIS SPACE

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.	3/22/05 DATE
SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)

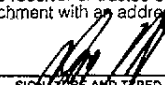
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D'JAMAL, SHLOMO 203 S FT. LAUDERDALE BEACH BLVD FT LAUDERDALE, FL 33310
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03/25/05-80018-013 150.00

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: 	3-22-05 Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		