
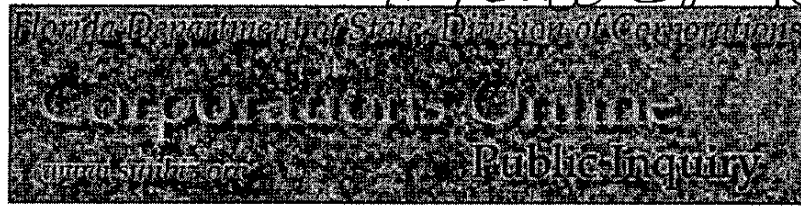


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90006 015 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-1530740	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARASI, PETER P 4045 NW 16TH STREET 111 FORT LAUDERDALE, FL 33310				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'JAMAL, SHLOMO 203 S FT. LAUDERDALE BEACH BLVD FT LAUDERDALE, FL 33310 <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 exemptions contained in Chapter 119, 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: _____ <i>Moysal Yair</i> 2/20/06 916-463-9443 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



Florida Profit**WIPEOUT TREATS AND SWEETS, INC**

PRINCIPAL ADDRESS

203 S. FT LAUDERDALE BEACH BLVD.
FT. LAUDERDALE FL 33310

MAILING ADDRESS

203 S. FT LAUDERDALE BEACH BLVD.
FT. LAUDERDALE FL 33310

Document Number
P02000082451

FEI Number
721530740

Date Filed
07/30/2002

State
FL

Status
ACTIVE

Effective Date
07/30/2002

Registered Agent

Name & Address
PARASI, PETER P 4045 NW 16TH STREET 111 FORT LAUDERDALE FL 33310
Name Changed: 05/05/2003
Address Changed: 05/05/2003

Officer/Director Detail

Name & Address	Title
D'JAMAL, SHLOMO 203 S FT. LAUDERDALE BEACH BLVD FT LAUDERDALE FL 33310	P

Annual Reports

Report Year	Filed Date
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40017512
#P02000082451

2003	05/05/2003
2004	04/24/2004
2005	03/25/2005

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No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

[03/25/2005 -- ANN REP/UNIFORM BUS REP](#)
[04/24/2004 -- ANNUAL REPORT](#)
[05/05/2003 -- ANN REP/UNIFORM BUS REP](#)
[07/30/2002 -- Domestic Profit](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)[Corporations Help](#)