

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90037 004 ***150.00

DOCUMENT # P03000001924		
1. Entity Name DESSERTS & DESSERTS INC		

Principal Place of Business 8910 SW 113 PLANE CIRCLE MIAMI, FL 33176	Mailing Address 8910 SW 113 PLANE CIRCLE MIAMI, FL 33176
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40019197



2. Principal Place of Business - No P.O. Box # 10502 W Flagler ST	3. Mailing Address 10502 W Flagler ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

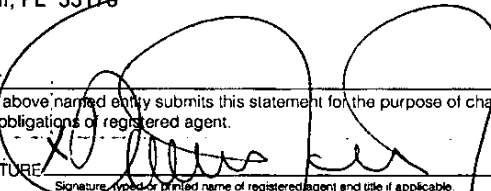
01112008 Chg-P CR2E034 (12/06)

City & State Miami Florida	City & State Miami Florida
Zip 33134	Zip 33134
Country USA	Country USA

4. FEI Number 16-1648275	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

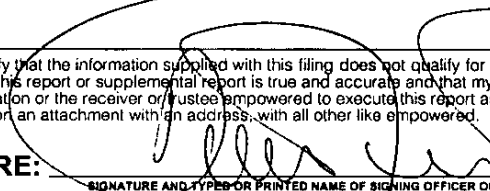
6. Name and Address of Current Registered Agent MARQUEZ, FIDEL M 8910 SW 113 PLANE CIRCLE MIAMI, FL 33176	
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7. Name and Address of New Registered Agent Name MARQUEZ, FIDEL M Street Address (P.O. Box Number is Not Acceptable) 10502 W Flagler ST City Miami FL Zip Code 33134	
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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 01-17-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PTD MARQUEZ, FIDEL M 8910 SW 113 PLANE CIRCLE MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PRADA-GOMEZ, LILIANA T 8910 SW 113 PLANE CIRCLE MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	DATE 01-17-08 Daytime Phone 7865542738