

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033992

Entity Name: PARTY CAKE DESIGNS, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

2641 S UNIVERSITY DR
DAVIE, FL 333281410

New Principal Place of Business:

16672 SADLE CLUB RD
WESTON, FL 33326

Current Mailing Address:

2641 S UNIVERSITY DR
DAVIE, FL 333281410

New Mailing Address:

16672 SADLE CLUB RD
WESTON, FL 33326

FEI Number: 45-0508803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, GONZALO
1144 CHENILLE CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

RAMIREZ, GONZALO
16672 SADLE CLUB RD
WESTON, FL 33326 US

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.

SIGNATURE: GONZALO RAMIREZ

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: RAMIREZ, GONZALO
Address: 1144 CHENILLE CIR
City-St-Zip: WESTON, FL 33327

Title: DV () Delete
Name: FORERO, OSWALDO
Address: 2 WOODFALL
City-St-Zip: IRVINE, CA 92604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: RAMIREZ, GONZALO
Address: 16672 SADLE CLUB RD
City-St-Zip: WESTON, FL 33326

Title: DV (X) Change () Addition
Name: FORERO, OSWALDO
Address: 16672 SADLE CLUB RD
City-St-Zip: WESTON, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GONZALO RAMIREZ

DPS

05/02/2005

Electronic Signature of Signing Officer or Director

Date