


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1052

DOCUMENT # P03000057590		
1. Entity Name SINNERS EDGE INC		

FILED

04 OCT 18 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3045 N. FEDERAL HWY. 96 FT. LAUDERDALE, FL 33306	Mailing Address 3045 N. FEDERAL HWY. 96 FT. LAUDERDALE, FL 33306
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT  
09012004 Chg-P CR2E034 (10/03) 04

6. Name and Address of Current Registered Agent CRIVARO, ARTHUR 3045 N. FEDERAL HWY. 96 FT. LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CRIVARO, ARTHUR 3045 N. FEDERAL HWY. #96 FT. LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400041938804 10/18/04--01068--003 **\$150.00
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
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 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: Arthur Crivaro Date: Oct 1 04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

**Sugar Free  
Low Carb Delite Inc.**

19295 W. Dixie Hwy. North Miami Beach,  
Florida. 33180

**FOR SINNER EDGE**

I was sent a letter of intent to dissolve my corporations, I have not  
been previously notified when it was due.

I had Moved from 19170/19180 W Dixie Hwy. In January, and  
had called Tallahassee about my move. I went to the Post Office  
turned in a change of address form... some of my mail I get,  
some I don't.

My other business Sinners Edge 3045 North Federal Highway  
Fort Lauderdale, Fl. 33306 This paperwork should also be  
Mailed to 19295 W.Dixie Highway North Miami Beach Fl.33180

This Letter as per our conversation **FOR SINNER'S EDGE**

Sincerely:  
Arthur Crivaro