

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000097386**

1. Entity Name  
**SWEET BANDITS, INC.**



Principal Place of Business  
**840 SHELL LANE  
LONGWOOD, FL 32750**

Mailing Address  
**840 SHELL LANE  
LONGWOOD, FL 32750**



03132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0482566</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MONTERO, JENNIFER  
840 SHELL LANE  
LONGWOOD, FL 32750**

**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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000302955  
04/13/05-80092-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MONTERO, JENNIFER
STREET ADDRESS	840 SHELL LANE
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	D
NAME	MONTERO, ROBERT
STREET ADDRESS	840 SHELL LANE
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	D
NAME	MONTERO, SUZANNE
STREET ADDRESS	840 SHELL LANE
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	D
NAME	MONTERO, LOURDES
STREET ADDRESS	840 SHELL LANE
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/05** **407 3249357**  
Date Daytime Phone #