


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90824 004 \*\*\*158.75

<b>DOCUMENT # P03000103481</b>		
1. Entity Name SWEET STATION INTERNATIONAL, INC		
Principal Place of Business 3040 NE 190 STREET SUITE 214 AVENTURA, FL 33180	Mailing Address 3040 NE 190 STREET SUITE 214 AVENTURA, FL 33180	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  AGUDELO, MARTHA L 3040 NE 190 STREET SUITE 214 AVENTURA, FL 33180		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUDELO, MARIA E 3040 NE 190 STREET, SUITE 214 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUDELO, MARTHA L 3040 NE 190 STREET, SUITE 214 AVENTURA, FL 33180	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: X <i>Maria Agudelo / Martha Agudelo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-26-07</i> Daytime Phone # <i>305-223-2670</i>



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1064369	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required