## 2006 FOR PROFIT CORPORATION

## May 04, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000132362** 05-04-2006 90193 011 \*\*\*150.00 1. Entity Name DIVINE DELICACIES CUSTOM CAKES INC. Principal Place of Business Mailing Address 6540 SW 159TH PLACE **6540 SW 159TH PLACE** MIAMI, FL 33193 MIAMI. FL 33193 CR2E034 (11/05) 04292006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 20-0479912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent LOMBARDERTO, ILIANA DO NOT WRITE 6540 SW 159TH PLACE MIAMI, FL 33193 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 registe ed agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME LOMBARDERO, ILIANA 6540 SW 159TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not goalify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report of 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 changed, or on an attachment with an address, with all other like empowered. name appears in Block 10 or Block 11 if

SIGNATURE: \_

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**