


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90220 023 ***150.00

DOCUMENT # P04000002517					
1. Entity Name SWEET FLAVOR OF FLORIDA, INC.					
Principal Place of Business 1051 MERIDIAN AVENUE SUITE 1M MIAMI BEACH, FL 33139			Mailing Address 1051 MERIDIAN AVENUE SUITE 1M MIAMI BEACH, FL 33139		
2. Principal Place of Business 1000 MICHIGAN AVENUE Suite, Apt. #, etc. SUITE 309 City & State MIAMI BEACH, FL Zip 33139 Country U.S.A.		3. Mailing Address 1000 MICHIGAN AVENUE Suite, Apt. #, etc. SUITE 309 City & State MIAMI BEACH, FLORIDA Zip 33139 Country U.S.A.			
4. FEI Number 20-0565492					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LEFEBVRE, ARNAUD MR. 1051 MERIDIAN AVENUE SUITE 1M MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name: ARNAUD LEFEBVRE Street Address (P.O. Box Number is Not Acceptable): City: MIAMI State: FL Zip Code: 33139		
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: _____ DATE: 05/06/05					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: LEFEBVRE, ARNAUD MR. STREET ADDRESS: 1051 MERIDIAN AVENUE, SUITE 1M CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: ARNAUD LEFEBVRE STREET ADDRESS: 1000 MICHIGAN AVENUE, 309. CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V NAME: FIGONI, MARLENE MRS. STREET ADDRESS: 1051 MERIDIAN AVENUE, SUITE 1M CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: ARNAUD LEFEBVRE STREET ADDRESS: 1000 MICHIGAN AVENUE, 309. CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: ARNAUD LEFEBVRE			05/06/05 726-786-3902		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50052078



05092005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: ARNAUD LEFEBVRE
Street Address (P.O. Box Number is Not Acceptable):
City: MIAMI
State: FL
Zip Code: 33139

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: _____ DATE: 05/06/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: LEFEBVRE, ARNAUD MR.
STREET ADDRESS: 1051 MERIDIAN AVENUE, SUITE 1M
CITY-ST-ZIP: MIAMI BEACH, FL 33139

TITLE: V
NAME: FIGONI, MARLENE MRS.
STREET ADDRESS: 1051 MERIDIAN AVENUE, SUITE 1M
CITY-ST-ZIP: MIAMI BEACH, FL 33139

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STREET ADDRESS: _____
CITY-ST-ZIP: _____

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NAME: _____
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME: ARNAUD LEFEBVRE
STREET ADDRESS: 1000 MICHIGAN AVENUE, 309.
CITY-ST-ZIP: MIAMI BEACH, FL 33139

TITLE: ☒ Change ☐ Addition
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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: ARNAUD LEFEBVRE

05/06/05

726-786-3902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

#P04000002577
50052078

From: Sweet Flavor Florida

To: Division of corporation

Dear,

I allow myself to write you a note because I called last week on of your agent from another country to ask him what should do in my case. I had an emergency in my country last month, so I left the country and forgot to send you the payment. I came back the 05/09/05 (see boarding pass), your agent told that I could download the form with proof (boarding) with the check of \$150 and in that case avoid the late fee. I always paid on time but sometime it's not that easy.

Thank you very much for your time and consideration,

Sincerely,

Arnaud Lefebvre
786 286 3902

ECONOMY		160
Boardkarte/Boarding Pass		
Name of passenger		API
LEFEBVRE/ARNAUD		
ETKT 016		129966326
FRA		
MIA		
LUFTHANSA		
Carrier	Flight No./Class	Date
LH 462	S	09MAY
Gate	Boarding Time	Seat
B22	0850	34K
NONSMOKER		
ZONE 2		
ALSO UA 6849	00	