

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002517

FILED  
May 01, 2006  
Secretary of State

Entity Name: SWEET FLAVOR OF FLORIDA, INC.

## Current Principal Place of Business:

1000 MICHIGAN AVE  
STE 309  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

1000 MICHIGAN AVE  
STE 309  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 20-0565492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEFEBVRNE, ARNAUD  
1000 MICHIGAN AVE  
STE 309  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

LEFEBVRE, ARNAUD  
1000 MICHIGAN AVE  
STE 309  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: ARNAUD LEFEBVRE

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEFEBVRE, ARNAUD MR  
Address: 1000 MICHIGAN AVE 309  
City-St-Zip: MIAMI BEACH, FL 33139

Title: V ( ) Delete  
Name: BOUCHAREB, JAMIL  
Address: 1000 MICHIGAN AVE #705  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNAUD LEFEBVRE

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date