2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067648

Entity Name: SWEET AND FANCY CAKE BOUTIQUE, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
3539 NW FEDERAL HIGHWAY		1137 SW JUMPER ST	1137 SW JUMPER ST	
JENSEN BEACH, FL 34957		PORT ST LUCIE, FL 3	PORT ST LUCIE, FL 34983	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1137 SW JUMPER ST		1137 SW JUMPER ST	1137 SW JUMPER ST	
PORT SAINT LUCIE, FL 34983			PORT ST LUCIE, FL 34983	
FEI Number	r: 20-1038722 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agen	t: Name and Address of	New Registered Agent:	
1137 SW -	ONDO, JESUS JUMPER ST INT LUCIE, FL 34983 US			
	e named entity submits this statement for ee of Florida.	the purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RF [.]			
	Electronic Signature of Registered	l Agent	Date	
	nce with s. 607.193(2)(b), F.S., the corporation of mpaign Financing Trust Fund Contribution().	lid not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete VIZCARRONDO-COLON, JESUS A 1137 SW JUMPER ST PORT SAINT LUCIE, FL 34983	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete VELEZ-VERA, MARTHA I 1137 SW JUMPER ST PORT SAINT LUCIE, FL 34983	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete VELEZ-ALVAREZ, HECTOR M 1180 SW HIBISCUS ST PORT SAINT LUCIE, FL 34983	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () Delete VERA-MARTINEZ, MARTA M 1180 SW HIBISCUS ST	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: JESUS VIZCARRONDO P 05/01/2009

PORT SAINT LUCIE, FL 34983

City-St-Zip: