

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000103304

Entity Name: NECTAR DELIGHTS INC.

FILED
Nov 04, 2005
Secretary of State

Current Principal Place of Business:

4000 PONCE DE LEON BLVD.
STE. 470
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

PO BOX 25331
MIAMI, FL 33102

New Mailing Address:

4000 PONCE DE LEON BLVD.
STE. 470
CORAL GABLES, FL 33146

FEI Number: 20-1379690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAITE, PETER
4000 PONCE DE LEON BLVD.
STE. 470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WAITE, PETER B
Address: % P O BOX 25331
City-St-Zip: MIAMI, FL 33102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WAITE, PETER B
Address: 4000 PONCE DE LEON BLVD. STE. 470
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER WAITE

P

11/04/2005

Electronic Signature of Signing Officer or Director

Date