2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000061717

460 NW 97TH PL

MIAMI, FL 33172

Address:

City-St-Zip:

Entity Name: SWEET SENTIMENTS BY MAVI IN

FILED Aug 31, 2009 Secretary of State

Entity Na	me: SWEET:	SENTIMENTS BY MAVI INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
460 NW 9 ⁻ MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
460 NW 9 ⁻ MIAMI, FL					
FEI Number	: 68-0605786	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
CISNEROZ, PHILIP IV 13057 SW 88 TERRACE SOUTH MIAMI, FL 33186 US			DUNCAN, MALVINA 460 NW 97TH PLACE MIAMI, FL 33172 U	JS	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: MALVINA DUNCAN				08/31/2009	
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (CISNEROZ, PH 460 NW 97TH MIAMI, FL 331	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (DUNCAN, MAL' 460 NW 97TH MIAMI, FL 331	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (DUNCAN, MAL' 460 NW 97TH MIAMI, FL 331	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Delete	Title:	() 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.

Address:

City-St-Zip:

SIGNATURE: MALVINA DUNCAN VP 08/31/2009