2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

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DOCUMENT # P0700092950 1. Entity Name SWEET TOUCH BY NHORA, INC.				401		08 90334 0		
Principal Plac	e of Business	Mailing Address						
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13004 SW 1		13004 SW 133 CT	•	.				
MIAMI, FL 3	3100	MIAMI, FL 33186						
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0 Dississipp	No. of Decision and Decision of Decision o	Ta Marian Addition						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address					88) (38) 88 38	OOLII ESIID IOIIS KI		
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03082008	Chg-P	CR2E03	34 (12/06)	
City & State	е	City & State		4. FEI Numbe	er		Ar	pplied For
				26-0	75412	<u> </u>	No	ot Applicable
Zip	Country	Zip ,	Country	6 Cortificate	of Status Desired	, n-	8.75 Add	ditional
				5. Certificate	or grains peaker	۱ ت ،	ee Require	bd
· · ·	6. Name and Address of Current	Registered Agent		7. Name and	Address of Nev	v Registered A	gent	
			Name					
DE LA PAVA, NHORA								
4183 NE 1			Street Addres	ss (P.O. Box Numbi	er is Not Accepta	ible)		
	EAD, FL 33033							
	,							
			City				7in Cod	<u> </u>
İ			City			FL	Zip Cod	e
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or regis	stered agent, or bo	th, in the State of	Florida. I am f	amiliar with,	and accept
the obligat	tions of registered agent.		-	-				·
DICAMATURE								
SIGNATURE_	C		No. 1/4 4		 			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requ	uired when reinstating)		DATE		
						DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign	n Financing	\$5.00 May Be		DATE		
FIL		9. Election Campaign	n Financing			DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	CHANGES TO C		DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attaction of the productions with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone #