


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000116546		
1. Entity Name DESSERTS AND MORE DISTRIBUTORS INC.		


Principal Place of Business 1460 NW 107 AVE. DORAL, FL 33172	Mailing Address 1460 NW 107 AVE. DORAL, FL 33172
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2. Principal Place of Business - No P.O. Box # 1375 N.W. 97 AV.	3. Mailing Address 1375 N.W. 97 AV.
Suite, Apt. #, etc. # 12	Suite, Apt. #, etc. # 12

City & State DORAL FL.	City & State DORAL FL
Zip 33172	Country US

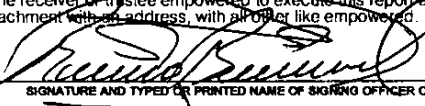
6. Name and Address of Current Registered Agent  BERNAL, RAMIRO E 1460 NW 107 AVE DORAL, FL 33172	
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7. Name and Address of New Registered Agent Name LIDIA BUSSIERE Street Address (P.O. Box Number is Not Acceptable) 1375 N.W. 97 AV. # 12 City DORAL FL Zip Code 33172	
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8. 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. I am familiar with, and accept the obligations of the registered agent. SIGNATURE:  DATE: 05-30-08 (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE. BERNAL, RAMIRO E 1460 NW 107 AVE. DORAL, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LIDIA BUSSIERE 1375 N.W. 97 AVE. # 12 DORAL, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JOSE ROSALES 1375 N.W. 97 AVE. # 12 DORAL, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400131229464 06/12/08--01014--007 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 attachment with an address, with all other like empowered.	
SIGNATURE: 	05-29-08 Date Daytime Phone #


FILED  
08 JUN -2 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05292008 Chg-P CR2E034 (12/06)



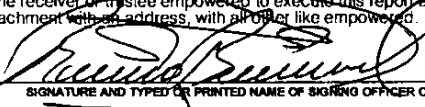
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name LIDIA BUSSIERE Street Address (P.O. Box Number is Not Acceptable) 1375 N.W. 97 AV. # 12 City DORAL FL Zip Code 33172	
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