

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000089217

Entity Name: SUGAR TEMPTATIONS, CORP

FILED
Oct 05, 2009
Secretary of State

Current Principal Place of Business:

1651 SORRENTO DR
WESTON, FL 33326

New Principal Place of Business:

1010 BLUE WOOD TER.
WESTON, FL 33327

Current Mailing Address:

1651 SORRENTO DR
WESTON, FL 33326

New Mailing Address:

1010 BLUE WOOD TER.
WESTON, FL 33327

FEI Number: 26-3578701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOSIA, PAMELA L
1651 SORRENTO DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

NICOSIA, PAMELA L
1010 BLUEWOOD TER.
WESTON, FL 33327 US

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: PAMELA NICOSIA

10/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: NICOSIA, ANGELO
Address: 1651 SORRENTO DRIVE
City-St-Zip: WESTON, FL 33326

Title: OFF () Delete
Name: NICOSIA, PAMELA L
Address: 1651 SORRENTO DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFF (X) Change () Addition
Name: NICOSIA, ANGELO
Address: 1010 BLUEWOOD TER.
City-St-Zip: WESTON, FL 33327

Title: OFF (X) Change () Addition
Name: NICOSIA, PAMELA L
Address: 1010 BLUEWOOD TER.
City-St-Zip: WESTON, FL 33327

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.

SIGNATURE: PAMELA NICOSIA

OFF

10/05/2009

Electronic Signature of Signing Officer or Director

Date