

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000004585

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: SIMPLY SWEETHEARTS, INC.

## Current Principal Place of Business:

1717 N. BAYSHORE DR. UNIT 1245  
MIAMI, FL 33132

## New Principal Place of Business:

1717 N. BAYSHORE DR. UNIT 2954  
MIAMI, FL 33132

## Current Mailing Address:

1717 N. BAYSHORE DR. UNIT 1245  
MIAMI, FL 33132

## New Mailing Address:

1717 N. BAYSHORE DR. UNIT 2954  
MIAMI, FL 33132

FEI Number: 01-0944900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TROXELL, CHRISTINA  
1717 N. BAYSHORE DR. UNIT 1245  
MIAMI, FL 33132 US

## Name and Address of New Registered Agent:

TROXELL, CHRISTINA  
1717 N. BAYSHORE DR. UNIT 2954  
MIAMI, FL 33132 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: CHRISTINA TROXELL

04/27/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D/P  
Name: KEINATH, KAREN  
Address: 1717 N. BAYSHORE DR. UNIT 2954  
City-St-Zip: MIAMI, FL 33132

Title: S  
Name: KEINATH, KAREN  
Address: 1717 N. BAYSHORE DR. UNIT 2954  
City-St-Zip: MIAMI, FL 33132

Title: DVP  
Name: TROXELL, CHRISTINA  
Address: 1717 N. BAYSHORE DR. UNIT 2954  
City-St-Zip: MIAMI, FL 33132

Title: T  
Name: TROXELL, CHRISTINA  
Address: 1717 N. BAYSHORE DR. UNIT 2954  
City-St-Zip: MIAMI, FL 33132

I hereby 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 all other like empowered.

SIGNATURE: KAREN KEINATH

S

04/27/2011

Electronic Signature of Signing Officer or Director

Date