


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000060596						
1. Entity Name MY CANDY COMPANY, INC.						
Principal Place of Business 9501 E. CALUSA CLUB DRIVE MIAMI, FL 33186			Mailing Address 9501 E. CALUSA CLUB DRIVE MIAMI, FL 33186			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0438270		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
LAM, MY L 9501 E. CALUSA CLUB DRIVE MIAMI, FL 33186				Name LEGROS, Michel, H. Street Address (P.O. Box Number is Not Acceptable) 9501 E. Calusa Club DR City Miami FL Zip Code 33186		
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 registered agent.						
SIGNATURE <i>Michel LEGROS</i> P/D Sept 14, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LAM, MY L 9501 E. CALUSA CLUB DRIVE MIAMI, FL 33186			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D LEGROS, Michel, H 9501 E. Calusa Club DR Miami FL 33186	
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	
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	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Michel LEGROS</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Sept 14, 2005 305 388 7226 <small>Date Daytime Phone #</small>		

FILED

05 SEP 20 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 21 2005



09152005 Chg-P CR2E034 (10/03)

\$8.75 Additional
Fee Required

300059772093
09/20/05--01012--015 **70.00