

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042270

Entity Name: SWEETHEART FOOD INC..

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

5610 N. 50TH ST
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5610 N. 50TH ST
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3247012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIFAIE, MIKE
5610 N. 50TH ST
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIFAIE, MIKE
Address: 15106 ALEXIS DR
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: RIFAIE, STEVE
Address: 15106 ALEXIS DR
City-St-Zip: TAMPA, FL 33624

Title: VS () Delete
Name: RIFAIE, STEVE
Address: 15106 ALEXIS DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE RIFAIE

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date