2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT, # P95000086677						Cama d d	Fra [7]			
1. Entity Name DULCE ENTERPRISES, INC.							E.D			
	Į.			W. TES	04 JUN 25 PM 12: 37					
Principal Place 341 S STATE PLANTATION	ROAD 7 (441)	Mailing Address 22864 HARKHAN WAY BOCA RATON, FL 33428		SECRETARY UP STATE TALLAHASSEE, FLORIDA						
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		341 S STATE ROAD 7(441) Suite, Apt. #, etc.			06152004	Chg-P	CR2E034 (10/03)	ورسدا	
City & State		City & State			4. FEI Numbe			<u> </u>	plied For	
Zìp	Country	PLANTATION ,	F.L. Countr	~	65-0639			75 Addi	t Applicable	
	6. Name and Address of Current I	33317		USA	<u> </u>	of Status Desired Address of New F	Fee	Required	1	
CARRODEGUAS, JORGE A				Name NORGE VENTURA						
22864 MAI	RKHAM WAY			treet Address (P.O. Box Number is Not Acceptable)						
BOCARA	TON, FL 33428			341	341 S STATE ROAD 7 (441)					
, '	v i			City PLA	ANTATION		FL	Zip Code 333	17	
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 TOTAL CONCUES										
Signature, typector punited name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF				
TITLE NAME	PD 🖾 Delete CARRODEGUAS, JORGE A				D ☐ Change ☐ MAddition NORGE VENTURA					
STREET ADDRESS	22864 MARKHAM WAY BOCA RATON, FL 33428				341 S STATE ROAD 7 (441) PLANTATION FL 33317					
TITLE	VPD □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			D Change ' 🖾 Addition						
STREET ADDRESS	CARRODEGUAS, FANNY 22864 MARKHAM WAY				ANABELLY NOLASCO 341 S_STATE_ROAD 7 -(441)					
CITY-ST-ZIP	BOCA RATON, FL 333428 CIT				PLANTATION, FL 33317					
NAME	N				700038414					
STREET ADDRESS CITY-ST-ZIP			1	T ADDRESS ST-ZIP						
TITLE NAME		☐ Delete	TITLE	l l				Change	☐ Addition	
STREET ADDRESS			STREE	T ADDRESS					-	
CITY-ST-ZIP	d d	□ Delete	TITLE	ST-ZIP				Change	Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP	j.			ST-ZIP						
TITLE NAME	(II -	☐ Delete	TITLE NAME	l l				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	u 			T ADDRESS ST-ZIP						
12. I hereby	Learning that the information supplied with I on this report or supplemental report is	this filing does not qualify for	the exen	nption stated in Se	ection 119.07(3)(i), Florida Statutes. It as if made under	I further certify the	hat the ir	formation or director	
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: Horae Continue 6/16/04										
}	SIGNAPURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTO	OR	7	p áte	Daytime	e Phone #	-	