05/07/2004 11:24 PHILLIPS EISINGER → 3056856353

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State
04-22-2004 90094 032 ***150.00

DOCUMENT # P97000015128

1. Entity Name
TASTY DELIGHT CORPORATION

66421593

Principal Place of Business	Mailing Address
4847 EAST 10TH COURT HIALEAH, FL 33013	4847 EAST 10TH COURT HIALEAH, FL 33013

05072004 Chg-P CR2E034 (10/03)

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 65-0767810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZO, MARISELA
4847 EAST 10TH COURT
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name: Elier Canizares
Street Address (P.O. Box Number is Not Acceptable): 4847 EAST 10th COURT
City: Hialeah FL Zip Code: 33013

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: X _____ 5/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPT LORENZO, MARISELA 17382 SW 21 COURT MIRAMAR, FL 33029	☐ Delete	President & Treasurer Elier CANIZARES 4847 EAST 10th COURT Hialeah, FL 33013	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS ESCOBAR, MARIA C 8753 SW 53 STREET COOPER CITY, FL 33328	☐ Delete	Vice President & Secretary ELVIS CANIZARES 4847 EAST 10th COURT Hialeah, FL 33013	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: X _____ 5/4/04 (305)685-6336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #