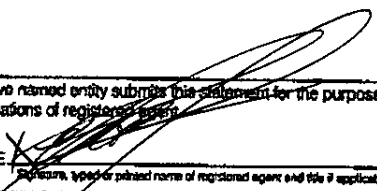
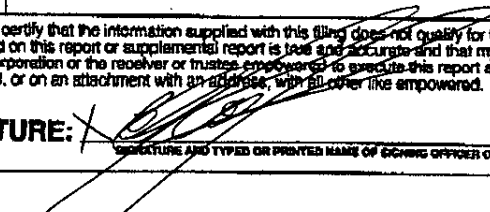


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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					
Principal Place of Business 4847 EAST 10TH COURT HIALEAH, FL 33013			Mailing Address 4847 EAST 10TH COURT HIALEAH, FL 33013		
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 				DATE 5/4/04	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary Elier CANIZARES 4847 EAST 10th COURT Hialeah, FL 33013	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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: 				DATE 5/4/04 (305) 685-6336	

66421593



05072004 Chg-P CR2E034 (10/03)