

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000020294

1. Corporation Name  
SWEET LOU'S, INC.

Principal Place of Business

TRAFFIE JAMZ  
506 N BEVERLY AVE  
TAMPA FL 33609  
US

Mailing Address

5103-B F FOLLOW AVE  
TAMPA FL 33617  
US

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90247 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5103 E FOWLER AVE

Suite, Apt. #, etc.

22 STE B

23 TAMPA, FL

Zip

24 33617

Country

25 Hills

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

59-3412040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

SANCHEZ, LUIS  
508 NO BEVERLY AVE.  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

SANCHEZ, LUIS

82 Street Address (P.O. Box Number is Not Acceptable)

5103 E. FOWLER AVE STE 'B'

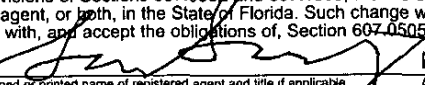
83

84 City TAMPA

FL

85 Zip Code 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-1-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SANCHEZ, LUIS  
STREET ADDRESS 508 NO BEVERLY AVE.  
CITY-ST-ZIP TAMPA FL 33609

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99

Date

Daytime Phone #

CR2E034 (1/1/98)