## 2004 FOR PROFIT CORPORATION

SIGNATURE:

## Jul 09, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000040702 07-09-2004 90001 028 \*\*\*150.00 SOUTH BEACH SWEETS, INCORPORATED Principal Place of Business Mailing Address 845 EAST DILIDO DRIVE 845 EAST DILIDO DRIVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 65-0838450 Not Applicable Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHASE, BARRY O ONE S.E. 3RD AVENUE STE. 1860 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation SIGNATURE (NCTE: Registered Agent signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. resident, , DIRECTOR ☐ Delete TITLE Change . ☐ Addition TITLE: BURK BARBARA Burk, Barbara NAME NAME 845 E Dilido Drive 845 DILIDO DRIVE STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33139 ☐ Change ☐ Addition TITLE TITLE **Z** Delete CHASE, IRIS NAME NAME STREET ADDRESS 5825 COLLINS AVENUE APT# 6G STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE ЛПE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΠΠΕ ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 empow

ICER OR DIRECTOR

FILED

Affachment

7-7-04

54060723 #P9800040702

PLEASE NOTE,
I CALLED YOUR OFFICE TO INQUIRE ABOUT MY CORPORATION AND MY
YEARLY RENEWAL BECAUSE I NEVER RECEIVED ANYTHING IN THE MAIL.
I WAS TOLD BY A WOMAN IN YOUR OFFICE TO SEND IN A CHECK FOR
\$150.00 ALONG WITH A NOTE EXPLAINING WHAT HAPPENED. I DOWN
LOADED THE APPLICATION FROM THE INTERNET AND MADE SOME
CHANGES AS WELL. PLEASE CALL WITH ANY QUESTIONS OR CONCERNS.

THANK YOU, BARBARA BURK SOUTH BEACH SWEETS 305-534-9100