

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040702

Entity Name: SOUTH BEACH SWEETS, INCORPORATED

FILED  
Jun 21, 2005  
Secretary of State

**Current Principal Place of Business:**

845 EAST DILIDO DRIVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**  
845 EAST DILIDO DRIVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 65-0838450      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURK, PERRY  
845 E. DILIDO DR.  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

MAS, CARLOS  
2525 PONCE DE LEON BOULEVARD  
SUITE 400  
MIAMI, FL 33134 US

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.

SIGNATURE: PERRY BURK

06/21/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURK, BARBARA  
Address: 845 E. DILIDO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BURK, STEVE  
Address: 845 E. DILIDO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD ( ) Change (X) Addition  
Name: BURK, BARBARA  
Address: 845 E. DILIDO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BURK

D

06/21/2005

Electronic Signature of Signing Officer or Director

Date