
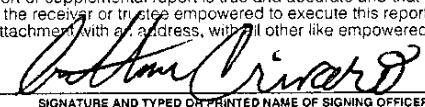


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90003 008 ***150.00

DOCUMENT # P98000100526 1. Entity Name SUGAR FREE LOW CARB DELITE, INC.					
Principal Place of Business 19180 W DIXIE HWY N MIAMI BEACH, FL 33180			Mailing Address 19180 W DIXIE HWY N MIAMI BEACH, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0886528	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CRIVARO, ARTHUR 19180 W DIXIE HWY N MIAMI BEACH, FL 33180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST CRIVARO, ARTHUR 19295 W DIXIE HWY NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES CAROL CRIVARO 19295 W DIXIE HWY N. M. B., FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

ATTACHMENT

46086234

P98000100526

Division Of Corporations
P.O. Box 1500
Tallahassee, FL 3202-1500

Sugar Free Low Carb Delite Inc.
19295 W. Dixie Hwy.
North Miami Beach, FL 33180

We had moved from 19180 west Dixie hwy 3 years ago, we have notified the division on several occasions and each year at time of filing.

We received the annual report notice May thirteenth, 12 days past the May 1st deadline
Please correct our address.

Old Address 19180 west Dixie Hwy
North Miami Beach, FL 33180

New Address Sugar Free Low Carb Delite Inc.
19295 West Dixie Hwy.
North Miami Beach FL 33180
(305) 931-0669

I do appreciate your cooperation, Inclosed is the \$150.00 Check for annual report.
If there are any question please call me directly.

Sincerely
Arthur Crivaro
(786)-281-8720