


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90235 007 ***150.00

DOCUMENT # S67067

1. Entity Name
SWEETWATER REY'S PIZZA CORP.



Principal Place of Business
**2300 CORAL WAY
 SUITE 200
 MIAMI, FL 33145 US**

Mailing Address
**2300 CORAL WAY
 SUITE 200
 MIAMI, FL 33145 US**

50020644



2. Principal Place of Business
2482 S.W. 137 AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
% 301 W. HALLANDALE BEACH BLVD.
 Suite, Apt. #, etc.

02212005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
HALLANDALE BEACH, FL

Zip
33175

Country
U.S.A.

Zip
33009

Country
U.S.A.

4. FEI Number
65-0272701

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
 2300 CORAL WAY
 SUITE 200
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

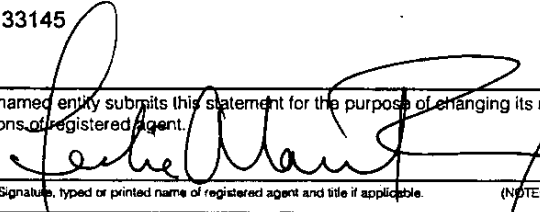
Name
ROSENWALD & FERRERO - CARR

Street Address (P.O. Box Number is Not Acceptable)
301 W. HALLANDALE BEACH BLVD

City
HALLANDALE BEACH

FL Zip Code
33009

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 **2/21/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, RAMON <input type="checkbox"/> Delete 3634 N.W. 13TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, MARGARITA <input type="checkbox"/> Delete 3634 N.W. 13TH ST MIAMI, FL
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, RAMON SR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition % 301 W. HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, MARGARITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition % 301 W. HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, RAMON JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 46 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE _____ DAYTIME PHONE # **305-2071711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR