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FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90084 003 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENI# V53924 CAKES, INC.			٨						
Principal Place	e of Business	Mailing Address	7 46	0 ~ ·						
8447 SW 40 ST Miami, Fl. 33155 US		B447 SW 40 ST MBAMI, FL 33155 US		1 1839 6 11CD 6	ili ga kirk r an a kirk oloh	alan anat timi a	11011 21011 91 11	MOR. 8 1979		
2. Principal Pi	tace of Business - No P.O. Box #	3. Meiting Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272007	Chg-P	CR2E034 (12/06)				
City & State		City & State		4. FEI Number 65-Q356		Applied For Not Applicable				
Ζiρ	Country	Zip	Country		Status Desired	\$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	Name	7. Name and /	Address of New R	egistered Ag	ent			
REYES, JO 7740 SW 3 MIAMI, FL	32 TERR		Street Address (P.O. Box Number is Not Acceptable)							
MINAMES, FL	33 133					_				
			City			FL	Zip Code	2		
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_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	red when retretating)		DATE				
	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri		5.00 May Be ided to Fees						
10. TITLE	OFFICERS AND	DIRECTORS Delote	11, TITLE	ADDITIONS/0	HANGES TO OFF		IRECTOR:	S IN 11		
NAME STREET ADDRESS CITY+SI-ZIP	REYES, JOSE 7740 SW 32 TERR MIAMI, FL 33155	□ 0etas	NAME STREET ADDRESS CITY-ST-ZIP			•	-1 CHENCE			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	V REYES, CILLY 7740 SW 32 TERR MIAMI, FL 33155	☐ Deliste	TIFLE HAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		[Change	☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelde	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	Addition		
TIFLE NAME STREET ADDRESS CITY-ST-2P		C) Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
indicated of the cor changed	certify that the information supplied with the this report or supplemental report in portation or the receiver or trustee empl. or on an attechment with an address,	s true and accurate and that mowered to execute this report a	ly signature shall have the as required by Chapter 6	re seme lacal effact	es if made under o	oath: that I ari	i an officer	or director i		
SIGNAT	URE: AND THE OF	PRINTED HAME OF SIGNING OFFICER O	OR DIRECTOR		Case	Deyt	Prine Phone #			

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V53924	THE STA					
1. Entity Name ARTISTIC CAKES, INC.		ATTACHMENT				
Principal Place of Business 8447 SW 40 ST MIAMI, FL 33155 US MIAMI, FL 33155 US MIAMI, FL 33155 US		40063018				
DO NOT WRITE IN THIS SPA	CE	04042007. No Chg-P CR2E034 (11/05) 4. FEI Number				
6. Name and Address of Current Registered Agent REYES, JOSE V 7740 SW 32 TERR MIAMI, FL 33155	DO NOT WRITE IN THIS SPACE					
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 Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.						
10. OFFICERS AND DIRECTORS ITILE NAME REYES, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 IITLE V NAME REYES, CILLY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE				
ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the eindicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as requested, or on an attachment with an address, with all other like empowered. SIGNATURE:	ature shall have the	same legal effect as if made under oath; that I am an officer or director				