


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 620072
 1. Entity Name
NORTH MIAMI BAKERIES INCORPORATED



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

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

DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1901180

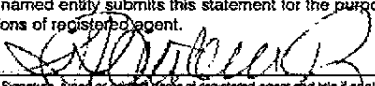
Applied For
 Not Applicable

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**

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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:  **AMANDA CANTRIEL LOPEZ** 3/15/04

Signature, typed or printed name of registered agent, if applicable: (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00**

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 | ST FERNANDEZ, ROSA 13204 SW 87TH TERR MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FERNANDEZ, MANUEL JR 13204 SW 87TH TERR MIAMI, FL |
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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 filers empowered.

SIGNATURE:  **MANUEL FERNANDEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-8-04** Daytime Phone #