2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # P00000000078** 04-16-2004 90073 026 ***150.00 CAKE EMPORIUM BY ISABEL INC. Principal Place of Business Mailing Address 1410 PONCE DE LEON 1410 PONCE DE LEON CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 04052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0971947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent CAMEJO, LUIS DO NOT WRITE 4898 N.W. 7TH ST. 🗟 MIAMI, FL 33126 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VALENZUELA, ISABEL C NAME STREET ADDRESS 2515 S.W. 16TH ST. MIAMI, FL 33145 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

SIGNATURE?

STREET ADDRESS CITY-ST-ZIP

FILED