

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000098677**  
1. Entity Name  
**GENESIS BAKERY & CAFE, INC.**



Principal Place of Business  
**60 N HOMESTEAD BLVD.  
HOMESTEAD, FL 33030**

Mailing Address  
**60 N HOMESTEAD BLVD.  
HOMESTEAD, FL 33030**

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**DO NOT WRITE IN THIS SPACE**

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1048122**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**PEREZ, NESTOR  
9725 SW 163 STREET  
MIAMI, FL 33157**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 PEREZ, NESTOR 60 N. HOMESTEAD BLVD HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AYALA, MARIELA 60 N. HOMESTEAD BLVD HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000189323  
01/24/05-80088-016 150.00

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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)(f), 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:** Nestor Perez **1/19/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #