2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000037494

1. Entity Name
SUPER CAKE BAKERY CORP.

Principal Place of Business	Mailing Address
9869 SW 72ND ST MIAMI, FL 33173	9869 SW 72ND ST MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0579764
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, RIGOBERTO
2941 SW 130 AVENUE
MIAMI, FL 33175

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, RIGOBERTO
STREET ADDRESS	2941 SW 130 AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VD
NAME	GONZALEZ, SONIA
STREET ADDRESS	2941 SW 130 AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	SD
NAME	MARZO, YOHANI
STREET ADDRESS	2941 SW 130 AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	TD
NAME	ALEGRE, YANELIS
STREET ADDRESS	956 N.W. 128 AVE.
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06-80077-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sonia Gonzalez SONIA GONZALEZ 04-28-06 (305) 442-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #