





**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90071 030 \*\*\*150.00

DOCUMENT # P03000065749					
1. Entity Name LATIN FAMILY BAKERY CORP					
Principal Place of Business 4460 BEECHWOOD LAKE DR NAPLES, FL 34112		Mailing Address 4460 BEECHWOOD LAKE DR NAPLES, FL 34112		Rd N	
2. Principal Place of Business 5435 AIRPORT PULLING RD N		3. Mailing Address 5435 AIRPORT PULLING		 01152004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 56-2368453	
Zip 34109		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLOEGEL, BRUNO 160 22 AV NW NAPLES, FL 34120			7. Name and Address of New Registered Agent Name: FRANCISCO ROBLES Street Address (P.O. Box Number is Not Acceptable): 4460 BEECHWOOD LAKE DR City: NAPLES FL Zip Code: 34112		
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: 1/15/04	
SIGNATURE, typed or printed name of agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TEILLERY, JEANNETTE	NAME	TEILLERY, JEANNETTE		
STREET ADDRESS	4460 BEECHWOOD LAKE DR	STREET ADDRESS	4460 BEECHWOOD LAKE DR		
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	NAPLES FL 34112		
TITLE	VP <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANCISCO, ROBLES	NAME	FRANCISCO ROBLES		
STREET ADDRESS	4460 BEECHWOOD LAKE DR	STREET ADDRESS	4460 BEECHWOOD LAKE DR		
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	NAPLES FL 34112		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 like empowered.					
SIGNATURE: 		FRANCISCO ROBLES		1/15/04 239-595-7389	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	