

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065749

FILED
May 01, 2008
Secretary of State

Entity Name: LATIN FAMILY BAKERY CORP

Current Principal Place of Business:

5435 AIRORT PULLING RD. N.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5435 AIRORT PULLING RD. N.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 56-2368453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBLES, FRANCISCO
4460 BEECH WOOD LAKE DR.
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBLES, FRANCISCO
Address: 4460 BEECHWOOD LAKE DR
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: TEILLERY, JEANNETTE
Address: 4460 BEECHWOOD LAKE DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO ROBLES

P

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date