

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P94000043035**

1. Entity Name  
**MAKERY CORPORATION**



Principal Place of Business  
**1016-18 BIARRITZ DRIVE  
MIAMI BEACH, FL 33141**

Mailing Address  
**1095 N SHORE DR  
MIAMI BEACH, FL 33141 US**

**FILED  
Mar 05, 2004 08:00 AM  
Secretary of State**



01292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0511921</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WASERSTEIN, RICHARD  
913 NORMANDY DRIVE  
MIAMI BEACH, FL 33141**

**DO NOT WRITE  
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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000077425  
03/05/04-80042-007 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST BRILL, SARA 1016-18 BIARRITZ DRIVE MIAMI BEACH, FL 33141</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRILL, SARA 1016-18 BIARRITZ DRIVE MIAMI BEACH, FL 33141</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:**

*Sara Brill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/04*  
Date

Daytime Phone #