


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 28, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P94000043926**  
1. Entity Name  
**CRISCARY BAKERY, INC.**



Principal Place of Business      Mailing Address  
29359 SW 152ND AVENUE      29359 SW 152ND AVENUE  
LEISURE CITY, FL 33033      LEISURE CITY, FL 33033

**DO NOT WRITE IN THIS SPACE**



04212008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0500617**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
**CARBO, ROBERTO**  
29441 SW 182ND AVENUE  
HOMESTEAD, FL 33030

**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 \_\_\_\_\_ 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARBO, ROBERTO
STREET ADDRESS	29441 SW 182ND AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	SD
NAME	CARBO, MARIA
STREET ADDRESS	29441 SW 182ND AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/21/08-80019-004-150.00

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:** Roberto Carbo      **Roberto Carbo**      4/24/08      305-247-5730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #