2006 FOR PROFIT CORPORATION

Mar 29, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P97000034376** 03-29-2006 90126 002 ***158.75 1. Entity Name B & Y BAKERY, INC. Principal Place of Business Mailing Address 1551 SOUTHWEST 27TH AVE. 1551 SOUTHWEST 27TH AVE. MIAMI, FL 33145 MIAMI, FL 33145 No Chg-P 02282006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0744658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, BARBARA M DO NOT WRITE 1551 SOUTHWEST 27TH AVE. MIAMI, FL 33145 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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PEREZ, BARBARA M NAME STREET ADDRESS 1551 SOUTHWEST 27TH AVE. CITY-ST-ZIP MIAMI, FL 33145 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 integer or 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 agraddress, with all other like empowered.

SIGNATURE

CITY-ST-ZIP DRE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPES E SIGNING OFFICER OR DIRECTOR

FILED