


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F54010 1. Entity Name SUPREME BAKERY, INC.	
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Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145
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03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2185662	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**

**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  **AMALIA CANTERA LOPEZ, PRESIDENT** **4/27/05**
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, 2005 Fee will be \$550.00**

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

**U00000351286
05/02/05-80137-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DIAZ, MARIA V 913 A S W 87 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, JOSE G 913 A S W 87 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/05 305-221-4100
Date Daytime Phone #

JOSE G. DIAZ, PRESIDENT