

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90948 029 ***150.00

DOCUMENT # 157844 1. Entity Name <i>A+P Bakery Supply + Equipment Co.</i>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <i>3590 NW 60 St.</i>		3. Mailing Address <i>3590 NW 60 St</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami, Florida</i>		City & State <i>Miami, Florida</i>	
Zip <i>33142</i>	Country <i>USA</i>	Zip <i>33142</i>	Country <i>USA</i>
4. FEI Number <i>59-0596088</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <i>John Greenfield</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>11900-Biscayne Blvd</i>			
Suite <i>806</i>			
City <i>N. Miami</i>		FL	Zip Code <i>33181</i>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VS D</i> <i>John Greenfield</i> <i>3590 NW 60 St</i> <i>Miami, FL 33142</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PO</i> <i>Louis Greenfield</i> <i>3590 NW 60 St</i> <i>Miami, FL 33142</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>John Greenfield</i> <i>John Greenfield</i> <i>4/14/03</i> <i>954 2847059</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034B (12/02)