


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 373197	
1. Entity Name A.B.C. BAKERIES SUPPLIES AND EQUIPMENT, INC	

Principal Place of Business 7200 NW 1ST AVE MIAMI, FL 33150 US	Mailing Address 7200 NW 1ST AVE MIAMI, FL 33150 US
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

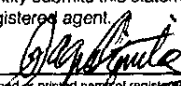
4. FEI Number 59-1385511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AGUILAR, ISRAEL, A
7040 SW 79 TERRACE
MIAMI, FL 33143**

**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 **2-19-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

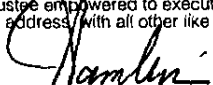
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000838161 03/05/08-80017-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUILAR, ISRAEL A 7040 SW 79 TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAMBINI, ANA T 6800 SW 63 STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GISPERT, JOSE M 7401 SW 84 COURT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GISPERT, AMERICA 7401 SW 84 COURT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  DATE **2-19-08** DAYTIME PHONE # **305-7573885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR