

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 469073</b> 1. Entity Name <b>BINGO BAKERY, INC.</b>						<b>FILED</b> <b>07 APR 23 AM 8:23</b> DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2300 CORAL WAY</b> <b>SUITE 200</b> <b>MIAMI, FL 33145</b>				Mailing Address <b>2300 CORAL WAY</b> <b>SUITE 200</b> <b>MIAMI, FL 33145</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-1591132</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>FLORIDA ANNUAL REPORT SERVICES, INC.</b> <b>2300 CORAL WAY</b> <b>SUITE 200</b> <b>MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PDST</b> <b>GALI, JOEL</b> <b>961 S.W. 58 AVENUE</b> <b>MIAMI, FL</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>4/16/07</b> (305) 856-0056			

JOEL GALI, PRESIDENT