

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90066 039 ***150.00

DOCUMENT # 489106

1. Entity Name

SPECIALTY BAKERS, INC.



Principal Place of Business

**2610 N.E. 188TH ST.
MIAMI FL 33180**

Mailing Address

**2610 N.E. 188TH ST.
MIAMI FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1808321

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICHELL, TYLER K
11961 NW 4TH STREET
PLANTATION FL 33325**

Name

Jerome S. Michell

Street Address (P.O. Box Number is Not Acceptable)

2610 N.E. 188th STREET

City

Miami

FL

Zip Code

33180

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

Jerome S. Michell

(NOTE: Registered Agent signature required when reinstating)

3/31/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **MICHELL, TYLER K.**
STREET ADDRESS **11961 N.W. 4TH STREET**
CITY-ST-ZIP **PLANTATION FL**

TITLE **Director** ☐ Change ☒ Addition
NAME **Jerome S. Michell**
STREET ADDRESS **2610 NE. 188th ST.**
CITY-ST-ZIP **Miami, FLA. 33180**

TITLE **ST** ☒ Delete
NAME **MICHELL, BETH**
STREET ADDRESS **11961 N.W. 4TH STREET**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerome S. Michell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 (305) 935-5600

Date

Daytime Phone #