2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 541413

1. Entity Name
ARRIAZA BAKERY INC.

Principal Place of Business	Mailing Address
1511 SW 37TH AVE	1511 SW 37TH AVE
MIAMI, FL 33145-8052	MIAMI, FL 33145-8052

DO NOT WRITE IN THIS SPACE

02032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1753550	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARRIAZA, GILBERTO
1511 SW 37TH AVE
MIAMI, FL

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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_____
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 ☐ **$5.00** May Be Added to Fees
Trust Fund Contribution.

U00000331602
04/26/05-80024-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARRIAZA, GILBERTO
STREET ADDRESS	2000 SW 13TH AVE
CITY-ST-ZIP	MIAMI, FL

TITLE	SD
NAME	ARRIAZA, AIDA
STREET ADDRESS	2000 SW 13TH AVE
CITY-ST-ZIP	MIAMI, FL

TITLE	DV
NAME	ARRIAZA, GILBERTO J
STREET ADDRESS	2000 SW 13TH AVE
CITY-ST-ZIP	MIAMI, FL

TITLE	TD
NAME	PERIS, MARIA V
STREET ADDRESS	2000 SW 13TH AVE
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Maria V. Peris_ MARIA V. PERIS TREASURER 4/13/05 3054422427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #