


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 541413 1. Entity Name ARRIAZA BAKERY INC.	
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Principal Place of Business 3310 NW 30TH ST. MIAMI, FL 33142	Mailing Address 3310 NW 30TH ST. MIAMI, FL 33142
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04062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1753550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ARRIAZA, GILBERTO  
1511 SW 37TH AVE  
MIAMI, FL

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARRIAZA, GILBERTO 2000 SW 13TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARRIAZA, AIDA 2000 SW 13TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARRIAZA, GILBERTO J 2000 SW 13TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERIS, MARIA V 2000 SW 13TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000530195  
05/05/08-80107-010 150.00

**DO NOT WRITE 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 Maria V. Peris **MARIA V. PERIS** 4/19/06 3056373600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #