


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 541413</b> 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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DO NOT WRITE IN THIS SPACE

FILED  
Jul 14, 2008 08:00 AM  
Secretary of State



07092008	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-1753550	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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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U00000954601  
07/14/08-80006-020 150.00

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 Peris **SECRETARY** 7/9/08 3056373600

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