

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90064 002 ***150.00

DOCUMENT # 553636

1. Entity Name

SANDOR'S BAKERIES INSTITUTE CORPORATION



Principal Place of Business

2245 WEST FLAGLER ST
P.O. BOX 350451
MIAMI FL 33135

Mailing Address

2245 WEST FLAGLER ST
P.O. BOX 350451
MIAMI FL 33135

20022599



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2245 W FLAGLER
Suite, Apt. #, etc.
Miami - FLA.

3. Mailing Address

PO Box 350451
Suite, Apt. #, etc.
Miami - FLA.

City & State

City & State

4. FEI Number

59-1805744

Applied For

Not Applicable

Zip

33135

Country

**MIAMI
DADE**

Zip

33135

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCERAN DE VALL, ROSA M.
2767 N.W. 14TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Rosa M. Garcera de Vall

3/10/05

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

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

TITLE **PD** ☒ Delete
NAME **SANCHEZ, ORLANDO**
STREET ADDRESS **2245 W FLAGLER ST**
CITY-STATE-ZIP **MIAMI FL**

TITLE **TS** ☐ Delete
NAME **GARCERAN DE VALL, ROSA**
STREET ADDRESS **2765 NW 14TH ST**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☒ Change ☐ Addition
NAME **GARCERAN DE VALL, ROSA**
STREET ADDRESS **2765 NW 14 ST.**
CITY-STATE-ZIP **MIAMI - FLA. 33135**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Rosa M. Garcera de Vall

3/10/05

305-642 8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #