

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 588602		
1. Entity Name CASINO BAKERY, INC.		
Principal Place of Business 2726 36TH STREET TAMPA, FL 33605	Mailing Address P.O. BOX 5828 TAMPA, FL 33675 US	



03252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1849497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANCHEZ, LOUIS, JR.
2726 36TH STREET
TAMPA, FL 33605**

**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 _____
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, 2006 Fee will be \$550.00**

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

**U00000483935
04/18/06-80035-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SANCHEZ, LOUIS III
STREET ADDRESS	509 OAKHURST DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	V
NAME	SANCHEZ, LOUIS, JR.
STREET ADDRESS	509 OAKHURST DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S
NAME	GOAN, IRIS TERES
STREET ADDRESS	3204 W CLIFTON ST
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D
NAME	GURMAN, LORI
STREET ADDRESS	1228 ALPINE LAKE DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	T
NAME	SANCHEZ, AMY
STREET ADDRESS	509 OAK HURST DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Iris Teres Goan* **IRIS TERESA GOAN** 4/1/06 813-690-9611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #