2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # 588602

1. Entity Name
CASINO BAKERY, INC.

Principal Place of Business	Mailing Address
2726 36TH STREET TAMPA, FL 33605	1106 N. FRANKLIN STREET TAMPA, FL 33602 US

01032008 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

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	

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01/16/08-80089-024 150.00

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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: _____ 1-14-08 8136909611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #