

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 620072

1. Entity Name  
NORTH MIAMI BAKERIES INCORPORATED



Principal Place of Business

2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

Mailing Address

2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

FILED

06 MAR 28 PM 2:21

FLORIDA STATE  
TALLAHASSEE, FLORIDA



02092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1901180

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERNANDEZ, ROSA 13204 SW 87TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, MANUEL JR 13204 SW 87TH TERR MIAMI, FL
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700069395437  
04/04/06--01028--016 \*\*158.75

**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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-06 305-856-0056

MANUEL FERNANDEZ JR