2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

SIGNATURE:

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # 637289** 1. Entity Name 04-14-2004 90077 014 ***150.00 KALUPA'S BAKERY, INC. Principal Place of Business Mailing Address 3828 W NEPTUNE TAMPA FL 33629 3828 W NEPTUNE TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address 2602 S. MAC 2602 S. MACDILL AVE MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-1973358 AMPA ampa Not Applicable \$8.75 Additional 5. Certificate of Status Desired HILLSPOROUG Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACCARELLA, DOMINIC Street Address (P.O. Box Number is Not Acceptable) 4144 N. ARMÉNIA AVENUE STE 210 **TAMPA FL 33607** City 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECT ORS IN 11 11. PD TITLE PD ☐ Delete TITLE Change ☐ Addition KALUPA, MICHAEL -KALUPA MICHAEL NAME NAME 3828 WEST NEPTUNE STREET ADDRESS STREET ADDRESS 5. MAG DÍLL AVE TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete UTLE ☐ Change Addition BACCARELLA, DOMINIC J. NAME NAME 3828 WEST NEPTUNE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE Delete TITLE ☐ Addition KALUDA, SUSANT 2602 SI MAC DILL AVE KALUPA, SUSAN T NAME STREET ADDRESS 3828 WEST NEPTUNE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IF TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 eath; that I am an efficer 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

like empowered

MICHAEL J. KALYOA 3/26/04 902-1979

FILED