

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90023 041 \*\*\*150.00

**DOCUMENT # F77224**

1. Entity Name

LA CARIDAD BAKERY, INC.



Principal Place of Business

4425 W. HILLSBOROUGH AVENUE  
TAMPA FL 33614

Mailing Address

4425 W. HILLSBOROUGH AVENUE  
TAMPA FL 33614



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2196552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

HERNANDEZ, GREGORY W.  
15615 BEREAD DR  
ODESSA FL 33556

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

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**

**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 HERNANDEZ, GREGORY W.  
STREET ADDRESS 15615 BEREAD DR  
CITY-ST-ZIP ODESSA FL

TITLE VD ☐ Delete  
NAME HERNANDEZ, ARTURO  
STREET ADDRESS 5107 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ Delete  
NAME DIAZ, JACQUELINE  
STREET ADDRESS 6511 YOSEMITE DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ Delete  
NAME HERNANDEZ, AURORA  
STREET ADDRESS 5107 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10501 SAN TAYVADO DR  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10501 SAN TAYVADO DR  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10501 SAN TAYVADO DR  
CITY-ST-ZIP TAMPA, FL 33647

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Gregory W. Hernandez* GREGORY W. HERNANDEZ

3/22/06

Date

(813) 884-2822

Daytime Phone #