2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90170 019 ***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 - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2196552 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, GREGORY W.
15615 BEREA 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 _____ 4/9/07
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, 2007 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 BEREA DR	
CITY ST ZIP	ODESSA FL	
TITLE	VD	☐ Delete
NAME	HERNANDEZ, ARTURO	
STREET ADDRESS	10501 SAN TRAVAS DR	
CITY ST ZIP	TAMPA FL 33647	
TITLE	SD	☐ Delete
NAME	DIAZ, JACQUELINE	
STREET ADDRESS	10501 SAN TRAVAS DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	☐ Delete
NAME	HERNANDEZ, AURORA	
STREET ADDRESS	10501 SAN TRAVAS DR	
CITY ST ZIP	TAMPA FL 33647	
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	DELETE - PASSED AWAY	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT / TREASURER	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
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 4/9/07 (813) 884-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #