2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F77224

Entity Name: LA CARIDAD BAKERY, INC.

FILED Sep 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4425 W. HILLSBOROUGH AVENUE TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

4425 W. HILLSBOROUGH AVENUE TAMPA, FL 33614

FEI Number: 59-2196552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNANDEZ, GREGORY W.

15615 BEREA DR

ODESSA, FL 33556 US

HERNANDEZ, AURORA
20013 LOMONO LANE
TAMPA, FL 33647 US

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.

SIGNATURE: AURORA HERNANDEZ 09/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 HERNANDEZ, GREGORY W.
 Name:
 HERNANDEZ, AURORA

 Address:
 15615 BEREA DR
 Address:
 20013 LOMONO LANE

 City-St-Zip:
 ODESSA, FL
 City-St-Zip:
 TAMPA, FL 33647

Title: SD () Delete Title: VPST (X) Change () Addition Name: DIAZ, JACQUELINE Name: DIAZ, JACQUELINE

Name:DIAZ, JACQUELINEName:DIAZ, JACQUELINEAddress:20013 LOMONO LANEAddress:20013 LOMONO LANECity-St-Zip:TAMPA, FL 33647City-St-Zip:TAMPA, FL 33647

Title: VPT (X) Delete Title: () Change () Addition

 Name:
 HERNANDEZ, ÁURORA
 Name:

 Address:
 20013 LOMONO LANE
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AURORA HERNANDEZ PD 09/08/2009