PROFIT CORPORATION			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham							
ANNUAL REPORT		Sec	Secretary of State DIVISION OF CORPORATIONS							
	996 IENT # 11-108389		00/11/01	-	7110					
1. Corporation N		F940000	377	a.						
=	BAKERIES CORPOR	HOTE								
		Marie - Address								
Principal Place	of Business COUNTRY ROAD	Mailing Address								
UITE 29						3. Date Incorporated or Quali	end 1	9a Dote of	l set Per	ort
	ACE, NY 11514					01/01/25		N/A		
2. Principal Plac	2a. Mailing Address				4. FEI Number \\ ¬ \08389	<u> </u>			pplied For ot Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire			\$8.75	Additional
22		City & State				Election Campaign Finance		<u> </u>		Required O May Be
City & State		28	28			Trust Fund Contribution			Adde	d to Fees
Zip 24	Country 26	Zip 29	30 Co	untry		B. This corporation has liabil Florida Statutes	ity for Yes		ax under	6. 199.032,
	9. Name and Address of Currer			001	Mana	10. Name and Address of Ne	w Re	istered Ac	ent	
RICHARD	MILLER			B1	Name	(D.O. D., M Lorio Mol A		hin)		
9735 NW	a		62	Street Addre	ess (P.O. Box Number is Not Ac	cepta	Die)			
MIAMI, E	• • •	ъ		83					loel a:	0.4.
				84	City			FL	85 Zip	Code
agent. I am ¶	ne provisions of sections 607.650. stered agent, or beth, in the State of brighter with, and accept the obligations of the section of the se	istered agent and title if applica	Florida Sta	(NOT	Pres		ating)	C	ATE	
12. TITLE	OFFICERS A	ND DIRECTORS DELET	 TE	13.	TITLE	ADDITIONS/CHANGES TO	O OFF		hange	TORS IN 12 Addition
NAME	RICHARD MILLER	_			NAME			_		_
STREET ADDRESS CITY-ST-ZIP	ONE OLD COUNRTY CARLE PLACE, NY		295	i i	STREET ADDRESS City-ST-Zip	1				
TITLE	SECRETARY/TREAS	URER DELE	TE		NTLE			c	hange	Addition
NAME STREET ADDRESS	MERNA MILLER ONE OLD COUNRTY	. ከህአሁ ሪቪኒኒሔድ .	295		NAME Street address	;				
CITY-ST-ZIP		11514		↓ —	CITY-ST-ZIP					
TITLE		DELE	TE		TITLE Name			c	hange	Additio
NAME STREET ADDRESS				3.3	STREET ADDRESS	S	-			
CITY-ST-ZIP				-	CITY-ST-ZIP TITLE					
TITLE NAME		DELE	TE	4.2	NAME				hange	Addition
STREET ADDRESS					STREET ADDRESS CITY-ST-ZIP	S				
CITY-ST-ZIP TITLE		DELE		┿	TITLE				hange	Additio
NAME		[] DELE			NAME STREET ADDRESS	200001 -05/29/96-	-8∙ -01	43 11)	12	
STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP	***200,00				<u>-</u>
TITLE		DELE	TE	1	TITLE NAME				hange	Additio
NAME				1	NAME STREET ADDRES	s			5	-1-26
STREET ADDRESS		. <u></u>			CITY-ST-ZIP					കള
CITY-ST-ZIP										
CITY-ST-ZIP	certify that the information supplie	, this annual tenari of fund	lomental a	กทแลไ	TANATI IS ITHA	and accurate and that my sign	ature	snau nave i	ne saille	logal blioct as
14. I do hereby further certi	ify that the information indicated or	n this annual report or supp for of the corporation or the	lemental a receiver c	nnual Ir trus	report is true lee empower	and accurate and that my sign ed to execute this report as req	uired	bnall have i by Chapter	607, Flor	ida Statutes;
14. I do hereby further certi	ify that the information indicated on ir oath; that I am an officer or direc y name appears in Block 12 or Blo	n this annual report or supp for of the corporation or the	lemental a receiver c	nnual Ir trus	report is true lee empower	and accurate and that my sign	uired	bnall have i by Chapter	607, Flor	ida Statutes;