

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G56124

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: CYRIL'S BAKERY COMPANY

## Current Principal Place of Business:

1301 NW 89TH COURT  
SUITE 206  
MIAMI, FL 33172 US

## New Principal Place of Business:

2890 W STATE ROAD 84  
UNIT 103  
FORT LAUDERDALE, FL 33312 US

## Current Mailing Address:

621 SW 14 TER  
FORT LAUDERDALE, FL 33312 US

## New Mailing Address:

FEI Number: 59-2313475      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, CYRIL  
621 SW 14 TER  
FORT LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete  
Name: COHEN, CYRIL D  
Address: 1301 NW 89TH COURT SUITE 206  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: WEIZER, ADAM  
Address: 1301 N.W. 89TH COURT, STE 206  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition  
Name: COHEN, CYRIL D  
Address: 2890 W STATE ROAD 84, UNIT 103  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: VP (X) Change ( ) Addition  
Name: WEIZER, ADAM  
Address: 2890 W STATE ROAD 84, UNIT 103  
City-St-Zip: FORT LAUDERDALE, FL 33312

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: CYRIL COHEN

PDST

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date