

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 02, 2007 08:00 AM  
Secretary of State

DOCUMENT # K46886

1. Entity Name  
TROPICAL BAKERY, INC.



Principal Place of Business  
4068-1 FOREST HILL BLVD.  
WEST PALM BEACH, FL 33406

Mailing Address  
4068-1 FOREST HILL BLVD.  
WEST PALM BEACH, FL 33406



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0119437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CABRERA, FRANCISCO A.  
4068-1 FOREST HILL BLVD.  
WEST PALM BEACH, FL 33406

DO NOT WRITE  
IN THIS SPACE

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CABRERA, FRANCISCO A. 1680 BARBADOS ROAD WEST PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CABRERA, HECTOR R. 1680 BARBADOS ROAD WEST PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CABRERA, ADRIANA 1680 BARBADOS ROAD WEST PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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08/02/07-80003-011 150.00

DO NOT WRITE  
IN THIS SPACE

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

*Adriana Cabrera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-07 565-4392100  
Date Daytime Phone #