

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

Jul 07, 2008 08:00 AM
Secretary of State



07022008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0119437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

U000000953611
07/07/08-80005-017 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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 PD
NAME CABRERA, FRANCISCO A.
STREET ADDRESS 1680 BARBADOS ROAD
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE VD
NAME CABRERA, HECTOR R.
STREET ADDRESS 1680 BARBADOS ROAD
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE STD
NAME CABRERA, ADRIANA
STREET ADDRESS 1680 BARBADOS ROAD
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0300

Daytime Phone #