

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State



DOCUMENT # K64446
 1. Entity Name
LOS BALKANES BAKERY INC.

Principal Place of Business Mailing Address
16241 NORTHWEST 57TH AVENUE **16241 NORTHWEST 57TH AVENUE**
HIALEAH FL 33014-6709 **HIALEAH FL 33014-6709**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State

4. FEI Number **65-0095217** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GIL, GEOBERTY
5021 NW 168TH TERRACE
MIAMI FL 33014

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DS** Delete
 NAME: **GIL, NAHIR**
 STREET ADDRESS: **4952 N.W. 168TH TERRACE**
 CITY-ST-ZIP: **CORAL CITY FL**

Change Addition
 U000000640357
 02/28/07-80062-022 150.00

TITLE: **DP** Delete
 NAME: **GIL, GEOBERTY**
 STREET ADDRESS: **5021 N.W. 168TH TERRACE**
 CITY-ST-ZIP: **MIAMI FL**

Change Addition

TITLE: **TD** Delete
 NAME: **GIL, GISELA**
 STREET ADDRESS: **4952 NW 168TH TERRACE**
 CITY-ST-ZIP: **CORAL CITY FL**

Change Addition

TITLE: **DVP** Delete
 NAME: **ELBA, GIL**
 STREET ADDRESS: **4952 N.W 168TH TERRACE**
 CITY-ST-ZIP: **CORAL CITY FL**

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Nahir Gil President February 14/07 305 6246611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #