


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # K64446 1. Entity Name LOS BALKANES BAKERY INC.	
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Principal Place of Business 16241 NORTHWEST 57TH AVENUE HIALEAH, FL 33014-6709	Mailing Address 16241 NORTHWEST 57TH AVENUE HIALEAH, FL 33014-6709
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01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0095217	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

GIL, GEOBERTY
5021 NW 168TH TERRACE
MIAMI, FL 33014

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIL, NAHIR 4952 N.W. 168TH TERRACE CORAL CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIL, GEOBERTY 5021 N.W. 168TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIL, GISELA 4952 NW 168TH TERRACE CORAL CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELBA, GIL 4952 N.W 168TH TERRACE CAROL CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000779929
01/14/08-80001-025 150.00

U00000779929
01/14/08-80001-026 8.75

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: *Nahir Gil* Date: 1-9-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #