2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M15158

1. Entity Name
VICKY BAKERY III INC.

Principal Place of Business	Mailing Address
443 E 49TH ST	443 E 49TH ST
HIALEAH, FL 33013	HIALEAH, FL 33013

DO NOT WRITE IN THIS SPACE

04252008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2528469		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAO, PEDRO A
15720 TURNBERRY DRIVE
MIAMI LAKES, FL 33014

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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 **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	PD
NAME	CAO, PEDRO
STREET ADDRESS	16040 E TROON CIRCLE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	SD
NAME	CAO, AMY
STREET ADDRESS	16040 E TROON CIRCLE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000933644
05/22/08-80103-023 150.00

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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: _Pedro A. Cao_   4/26/08   (505) 681-3222

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