

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

*** FILED ***
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M24472

1. Entity Name
GOLDEN CHANTILLY BAKERY, INC.



Principal Place of Business

**2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**

Mailing Address

**2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0442951

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

**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI, FL 33145**

**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]
Signature, typed or printed name of registered agent and title if applicable.

AMADA CANERA LOPEZ

3/15/04
DATE

(NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000097490
03/29/04-80003-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GONZALEZ, TERESITA
13294 S.W. 32ND STREET
MIAMI, FL 33175**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GONZALEZ, TERESITA
13294 SW 32ND STREET
MIAMI, FL 33175**

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TERESITA GONZALEZ

3/15/04