

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

07-22-2008 90006 048 \*\*\*150.00

**DOCUMENT # M38870**

1. Entity Name  
**ALBE'AR BAKERY, INC.**



Principal Place of Business  
**2403 NW 27TH AVENUE  
MIAMI, FL 33142 US**

Mailing Address  
**2403 NW 27TH AVENUE  
MIAMI, FL 33142 US**

**60045253**



07112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2713548**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~RODRIGUEZ, MIRTHA~~  
~~9501 SW 119 COURT~~  
~~MIAMI, FL 33186~~

**ARENCIBIA LUIS**  
**2403 NW 27 AVE**  
**MIAMI, FL 33142**

**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

*Luis Arencibia*  
**LUIS ARENCIBIA**

**07/18/2008**

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ARENCIBIA, LUIS  
360 SE 8TH AVENUE  
HIALEAH, FL 33010**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPO  
RODRIGUEZ, MIRTHA  
9501 SW 119TH COURT  
MIAMI, FL 33186**

*To be deleted*

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 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:

*Luis Arencibia*  
**LUIS ARENCIBIA**

**07/11/08**

Daytime Phone #