


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P00000009038</b> 1. Entity Name PANADERIA 20 DE JULIO, INC.						<b>FILED</b> 06 MAR -1 11 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7955 NW 12TH STREET SUITE 400 MIAMI, FL 33126				Mailing Address 7955 NW 12TH STREET SUITE 400 MIAMI, FL 33126			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  ENRIQUEZ, ANA 7955 NW 12TH STREET SUITE 400 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 65-0981633			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENRIQUEZ, CARLOS <input checked="" type="checkbox"/> Delete 7955 NW 12TH STREET, SUITE 400 MIAMI, FL 33126			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANA ISABEL ENRIQUEZ 7955 N.W. 12 STREET, SUITE 400 MIAMI, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT/SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARMEN LUCIA ENRIQUEZ 7955 N.W. 12 STREET, SUITE 400 MIAMI, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LUIS CARLOS CORTES 7955 N.W. 12 STREET, SUITE 400 MIAMI, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSE FERNANDO CORTES 7955 N.W. 12 STREET, SUITE 400 MIAMI, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <u>Amisobete</u> <u>President</u> <u>Feb. 28, 2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							