

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000010336

1. Entity Name
LAS AMERICAS BAKERY SUNRISE INC.



Principal Place of Business
**6299 SUNRISE BOULEVARD
SUITE 104
PLANTATION, FL 33313**

Mailing Address
**6299 SUNRISE BOULEVARD
SUITE 104
PLANTATION, FL 33313**



04302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1010716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRUSHOFF & POSADA, INC.
6299 W SUNRISE BLVD
SUITE 211A
PLANTATION, FL 33313**

**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)
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

U00000351391

05/02/05-80143-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZAPATA, HERNAN
STREET ADDRESS	6299 SUNRISE BOULEVARD SUITE 104
CITY-ST-ZIP	SUNRISE, FL 33338

TITLE	D
NAME	ZAPATA, CARIDAD
STREET ADDRESS	6299 SUNRISE BOULEVARD SUITE 104
CITY-ST-ZIP	SUNRISE, FL 33338

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/30/05 754 757 1300