2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

							- 3	Ion 20 2004 DQ-DD AM			
DOCUMENT # P0000069125 1. Entity Name							Jan 29, 2004 08:00 AM Secretary of State				
BAKING USA, INC.											
Principal Place of Business				Mailing Address							
2131 NW 8TH AVENUE MIAMI FL 33127			2131 NW 8TH AVENUE MIAMI FL 33127								
2. Original Piens of Previous											
Principal Place of Business Suite, Apt. #, etc			3. Mailing Address Suite, Apt #, etc				-				
City & State			City & State			4.	MOORE CRZE034		oplied For		
Zip Country			Zip Country			trv		65-1026603	 	t Applicable	
2.10	ZID Godisiy		2.0			,	5.	Certificate of Status Desired 🔀	Fee Required		
	Address of Current	Register	ed Agent		7, 1	Name and Address of New Registered	Agent				
COUTAR, PAUL D						Name					
2125 NW BAV. MIAMI FL 33127					Street Address (P.O. Box Number is Not Acceptable)						
1011 1111 1 2 33 121						City	City FL Zip Code				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of F the obligations of registered agent.										and accept	
nie obligation	ns or registered :	agent.									
SIGNATURE	ignature, typed or print	ed name of registered agent :	and title if app	plicable (NOT	E Registere	d Agent signature requ	red when t	constating) DATE	phr.		
After I	· ·	E IS \$150.00 he will be \$550.00 rida Department o	f Støte					Election Campaign Financing Trust Fund Contribution.		O May Be i to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.		ΑC	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	\$ IN 11	
	STD	_		☐ Delete	BIL				Change	Addition	
STREET ADDRESS 4	NIN, FERNANDO S 425 NW 30 AVE MIAMI FL 33125					EET AODRESS ST- ZIP		U00000019779 01/29/04-80038-01	.2 158.7	5 -	
TITLE	VIIAWI FL 3312	<u> </u>		☐ Delete	JIR			حد.	☐ Change	☐ Additios	
NAME				€ Detete	MAN	3					
STREET ADDRESS CITY-ST-UP						FET ADDRESS '-ST-ZIP				<u> </u>	
TITLE				Delete	THE	1			☐ Change	☐ Addition	
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CITY-ST-ZIP		<u> </u>			CETY	(-\$₹- Z\P					
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STREET ADDRESS						eet aodress					
CITY-ST-ZIP					CATY	(-ST-ZIP					
TITLE				☐ Delete	TRIL MAN	- 1			☐ Change	Addition Addition	
NAME STREET ADDRESS						eet address					
CITY-S7-ZIP				<u></u>	_ cm	1-S1-ZIP					
TITLE				☐ Delete	313£	3			☐ Change	Addition	
NAME STREET ADDRESS					NAN STR	RE EET ADDRESS					
CITY-ST-ZIP					cin	f-St-zip		<u>.</u> .			
12. I hereby ce indicated o	ertify that the info	rmation supplied with upplemental report is	this filing true and	does not qualify for accurate and that	or the exe my signa	emption stated in iture shall have the	Section te same	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I	ertify that the is am an officer	nformation or director	
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 receiper or those 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 attacking with an advises, with all other like empowered.											

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