
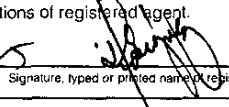
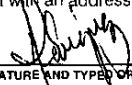


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90355 048 \*\*\*150.00

<b>DOCUMENT # P00000074547</b> 1. Entity Name <b>CENTRAL PASTRIES DISTRIBUTOR, INC.</b>			
Principal Place of Business <b>528 W. 27TH ST. HIALEAH, FL 33010</b>		Mailing Address <b>528 W. 27TH ST. HIALEAH, FL 33010</b>	
2. Principal Place of Business <b>455 W 27TH ST.</b>		3. Mailing Address <b>4964 SW 136 PL.</b>	
Suite, Apt. #, etc. <b>/</b>		Suite, Apt. #, etc. <b>/</b>	
City & State <b>HIALEAH, FL.</b>		City & State <b>MIAMI, FL.</b>	
Zip <b>33010</b>		Zip <b>33175</b>	
Country <b>/</b>		Country <b>/</b>	
4. FEI Number <b>65-1034343</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, DANIA 528 W. 27TH ST. HIALEAH, FL 33010</b>		7. Name and Address of New Registered Agent Name <b>DANIA RODRIGUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>455 W 27TH ST.</b> City <b>HIALEAH</b> FL <b>FL</b> Zip Code <b>33010</b>	
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  <b>DANIA RODRIGUEZ</b> <b>04/26/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PVST RODRIGUEZ, DANIA 10960 SW 144TH PL MIAMI, FL 33186	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DANIA 10960 SW 144TH PL MIAMI, FL 33186	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DANIA 10960 SW 144TH PL MIAMI, FL 33186	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DANIA 10960 SW 144TH PL MIAMI, FL 33186	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DANIA 10960 SW 144TH PL MIAMI, FL 33186	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DANIA 10960 SW 144TH PL MIAMI, FL 33186	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		<b>DANIA RODRIGUEZ</b> <b>04/26/2004</b> <b>(305) 884-0045</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	