


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000075840 1. Entity Name NENO'S BAKERY, INC.		
Principal Place of Business 4895 N.W. 183RD STREET CAROL CITY, FL 33055		Mailing Address 4895 N.W. 183RD STREET CAROL CITY, FL 33055
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		Country

FILED
Sep 10, 2008 08:00 AM
Secretary of State



09052008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1033621		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 NODARSE, AMADO 4895 NW 183RD STREET OPA LOCKA, FL 33055	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NODARSE, AMADO			NAME	U000000959426		
STREET ADDRESS	81 WEST 64TH STREET			STREET ADDRESS	09/10/08-80004-010 150.00		
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NODARSE, MAKARENA			NAME			
STREET ADDRESS	1085 W 33RD STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP			
TITLE	SDT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, AROLD			NAME			
STREET ADDRESS	7743 N.W. 197 ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33015			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Makarena Rodriguez 9/05/2008 (305) 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #