
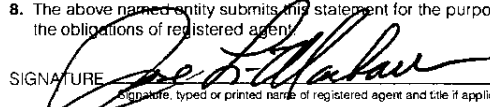
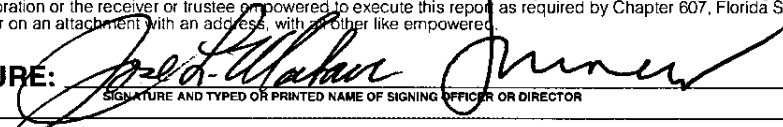


FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90015 043 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000095177			
1. Entity Name BAKE-MART, INC.			
Principal Place of Business 15990 NW 49 AVE MIAMI, FL 33014		Mailing Address 15990 NW 49 AVE MIAMI, FL 33014	
2. Principal Place of Business		3. Mailing Address 7834 W 16 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HIALEAH - FL	
Zip	Country	Zip	Country
		33014	
6. Name and Address of Current Registered Agent MORENO, IGNACIO 7622 SW 129 PL MIAMI, FL 33183		7. Name and Address of New Registered Agent Name: JOSE L. MARBAN Street Address (P.O. Box Number is Not Acceptable): 7834 W. 16 AVE City: HIALEAH FL Zip Code: 33014	
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: 		DATE:	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORENO, IGNACIO		NAME:	
STREET ADDRESS: 7622 SW 129 PL		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI, FL 33183		CITY-ST-ZIP:	
TITLE: P	<input type="checkbox"/> Delete	TITLE: P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOSE L. MARBAN		NAME: JOSE L. MARBAN	
STREET ADDRESS:		STREET ADDRESS: 7834 W 16 AVE	
CITY-ST-ZIP:		CITY-ST-ZIP: HIALEAH FL 33014	
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:	
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 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 any other like empowered.			
SIGNATURE: 		Date: 1/29/04 305-3877647	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

94018558



01132004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1106983 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required