

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

94018558



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7834 W 16 AVE

Suite, Apt. #, etc.

City & State

HI ALEAH - FL

Zip

33014

Country

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

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

HI ALEAH

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME MORENO, IGNACIO
STREET ADDRESS 7622 SW 129 PL
CITY-ST-ZIP MIAMI, FL 33183

TITLE P ☐ Delete
NAME JOSE L. MARBAN
STREET ADDRESS 7834 W. 16 AVE
CITY-ST-ZIP HI ALEAH - FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☐ Addition
NAME JOSE L. MARBAN
STREET ADDRESS 7834 W. 16 AVE
CITY-ST-ZIP HI ALEAH - FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 or 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/04 305-3877647