
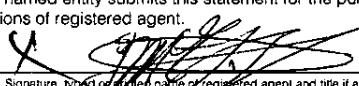
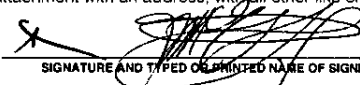


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90013 007 \*\*\*150.00

<b>DOCUMENT # P00000099074</b> 1. Entity Name <b>LA ROMANA BAKERY CORP.</b>					
Principal Place of Business <b>3376 N W 17TH AVENUE MIAMI, FL 33142</b>			Mailing Address <b>3376 N W 17TH AVENUE MIAMI, FL 33142</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1048752</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MARTINEZ, MAXIMO JR 3132 NW 569TH ST MIAMI, FL 33142</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1400 NW 31 ST</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33142</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  (NOTE: Registered Agent signature required when reinstating) DATE					
<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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME MARTINEZ, MAXIMO JR STREET ADDRESS 3132 NW 59TH ST CITY-ST-ZIP MIAMI, FL 33142			TITLE NAME NAME <b>1400 NW 31 ST</b> STREET ADDRESS <b>Miami FL-33142</b> CITY-ST-ZIP		
TITLE VTD NAME MARTINEZ, MAXIMO SR STREET ADDRESS 2414 W. 72ND ST CITY-ST-ZIP HIALEAH, FL 33012			TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP		
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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: 			2/12/04 305-637-0065		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		