


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000099074 1. Entity Name LA ROMANA BAKERY CORP.	
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Principal Place of Business 3376 N W 17TH AVENUE MIAMI, FL 33142	Mailing Address 3376 N W 17TH AVENUE MIAMI, FL 33142
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04302005 No Chg-P CR2E034 (10/03)


DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1048752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTINEZ, MAXIMO JR 1400 NW 31 ST MIAMI, FL 33142

**DO NOT WRITE
IN THIS SPACE**

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 **04/20/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTINEZ, MAXIMO SR 3376 NW 17TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARTINEZ, MAXIMO JR 1400 NW 31 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTINEZ, CARMEN 3376 NW 17TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINEZ, MARCOS E 3344 N.W. 17TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/05-80084-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE **04/20/05** DAYTIME PHONE # **305-837-0065**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR