

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90193 017 ***158.75

DOCUMENT # P00000112694 1. Entity Name BLU DOG BAKERY, INC.			
Principal Place of Business 4850 NW 7TH AVENUE MIAMI, FL 33142		Mailing Address 4850 NW 7TH AVENUE MIAMI, FL 33142	
2. Principal Place of Business Suite, Apt. #, etc. 5084 Biscayne Blvd.		3. Mailing Address Suite, Apt. #, etc. 5084 Biscayne Blvd.	
City & State Miami, FL		City & State Miami FL	
Zip 33137		Zip 33137	
Country		Country	
4. FEI Number 65-1071331		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 COMMANDER JONATHAN D 205 WORTH AVE STE 201 PALM BCH, FL 33480		7. Name and Address of New Registered Agent Name Patricia M Graebner Street Address (P.O. Box Number is Not Acceptable) 14 Golf view Road City Palm Beach FL Zip Code 33480	
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 4-17-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	DP CORPORAN, JUAN F 650 NE 52ND ST MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORPORAN, BARCLAY G 650 NE 52ND ST MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORPORAN, BARCLAY G 650 NE 52ND ST MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	