

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

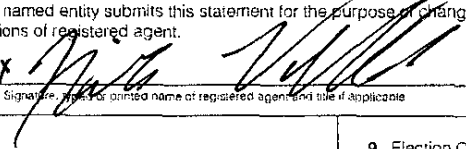
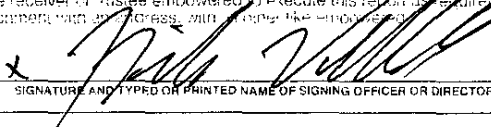
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08052004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000017385					
1. Entity Name KARLO BAKERY CORP.					
Principal Place of Business 25 SE 2ND AVENUE #730 MIAMI, FL 33131			Mailing Address 25 SE 2ND AVENUE #730 MIAMI, FL 33131		
2. Principal Place of Business 1242 Coral Way Suite, Apt. #, etc.			3. Mailing Address 1242 Coral Way Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33131		Country USA		4. FEI Number 65-1083586	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRAYSON, MOISES T 25 SE 2ND AVENUE #730 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Nicolas Valladares Street Address (P.O. Box Number is Not Acceptable) 1242 Coral Way City Miami FL Zip Code 33131	
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					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D GRAYSON, MOISES T 25 SE 2ND AVENUE #730 MIAMI, FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nicolas Valladares 1242 Coral Way Miami, FL 33145 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, BLAXBERG 25 SE AVE #730 MIAMI, FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, STY, P ANNA MARIA VALLADARES 1242 CORAL WAY MIAMI, FL 33145 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800040318398 08/19/04--01013--004 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b) 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 Item 10 or 11 of this report.					
SIGNATURE: 			8/6/04 305 858 1080		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					