2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 DEC -2 PM 4:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CB 12/15/08

DOCUMENT # P01000017385

1. Entity Name
KARLO BAKERY CORP.

Principal Place of Business	Mailing Address
1242 CORAL WAY MIAMI, FL 33145	1242 CORAL WAY MIAMI, FL 33145

05252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
1242 CORAL WAY	1242 CORAL WAY
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33145 Country: USA	Zip: 33145 Country: USA

4. FEI Number: 65-1083586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~VALLADARES, NICOLAS~~
~~1242 CORAL WAY~~
~~MIAMI, FL 33145~~

7. Name and Address of New Registered Agent

Name: DANIEL D. BORGES
Street Address (P.O. Box Number is Not Acceptable): 1242 SW CORAL WAY
City: MIAMI FL Zip Code: 33145

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

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	~~PD~~ ~~VALLADARES, NICOLAS~~ ~~1242 CORAL WAY~~ ~~MIAMI, FL 33145~~	☒ Delete	PD DANIEL D. BORGES 1242 CORAL WAY MIAMI, FL 33145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VSD~~ ~~VALLADARES, ANNA MARIA~~ ~~1242 CORAL WAY~~ ~~MIAMI, FL 33145~~	☒ Delete	200138380632 12/02/08--01032--001 **61.25	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] [signature] 11/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: NICOLAS VALLADARES ANNA MARIA VALLADARES Date Daytime Phone #