2007 FOR PROFIT CORPORATION ANNUAL REPORT

يعظمه المعرادة

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # P0100093489 1. Entity Name RICKY BAKERY, INC.	
Principal Place of Business • • • • • • • • • • • • • • • • • •	
	G & COMPANY CPAS
MIAMI, FL 33175 - 707 F 2 7 7 7 951 SW 4 AVE	
BOCA RATON, FI	33432-5803

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

8. The above named entity submits this statement for the purpose of changing its registered office or

OFFICERS AND DIRECTORS

BLAKESBERG, WILLIAM J

BOCA RATON, FL 33432-5803

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

428 SW 23 ROAD

MIAMI, FL 33129

After May 1, 2007 Fee will be \$550.00

ALVAREZ-GUERRA, RICHARD

951 SW 4 AVE

SIGNATURE.

10.

TITLE

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

	03102007	No Chg-P	CR2I	E034 (11/05)		
	4. FEI Number 65-114			Applied For Not Applicable		
	5. Certificate	of Status Desired		\$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE						
		th, in the State of Flo		m familiar with, and accept		
re required when rematating) DATE						
\$5 . Add	.00 May Be ed to Fees					
		U0000 03/26/07	0666 -800i	768 03-806 150.00		
DO NOT WRITE IN THIS SPACE						

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 effect like empowered.

(NOTE, Registered Agent signatu

9. Election Campaign Financing

Trust Fund Contribution.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/0) 56/-750-83 a