

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000097639

1. Entity Name

LA DELICIOSA BAKERY, INC.



Principal Place of Business

2737 NW 79 AVE  
MIAMI, FL 33122-1034

Mailing Address

2737 NW 79 AVE  
MIAMI, FL 33122-1034

FILED  
05 MAY -3 AM 9:52  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



05022005 No Chg-P CR2E034 (10/03) 25

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1142017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHALLA, LUISA M  
1161 WEST 42 ST  
HIALEAH, FL 33012-4142

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
CHALLA, LUISA MERCEDES  
1161 WEST 42ST  
HIALEAH, FL 330124142

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

700054671327  
05/17/05--01028--009 \*\*300.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #