

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90082 037 \*\*\*150.00

**DOCUMENT # P01000104714**

1. Entity Name  
**LAS AMERICAS BAKERY OF FT LAUDERDALE, INC.**



Principal Place of Business  
**5630 N FED HWY  
FT LAUDERDALE, FL 33308**

Mailing Address  
**5630 N FED HWY  
FT LAUDERDALE, FL 33308**

**94029114**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03042004 Chg-P: CR2E034 (10/03)

City & State  
Zip Country

4. FEI Number  
**65-1149656**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRUSHOFF & POSADA, INC.  
715 N BEL AIR DR  
PLANTATION, FL 33317**

7. Name and Address of New Registered Agent

Name  
**GRUSHOFF & POSADA INC**  
Street Address (P.O. Box Number is Not Acceptable)  
**6299 W. SUNNYSIDE BLVD. #211A**  
City **PLANTATION** FL Zip Code **33313**

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]*

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

(NOTE: Registered Agent signature required when reconstituting)

**3/4/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZAPATA, HERNAN	
STREET ADDRESS	10910 NW 46 DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZAPATA, CARIDAD	
STREET ADDRESS	10910 NW 46 DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA B. MALLARINO	
STREET ADDRESS	2881 N.E. 33 CT. #2-6	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/04**

DATE

Daytime Phone #