

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000109661

**1. Entity Name
AMERICA'S DESSERT FACTORY CORPORATION**



**Principal Place of Business
13920 SW 139TH COURT
MIAMI, FL 33186**

**Mailing Address
2350 SW 97 AVE
125
MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FCI Number
65-1151176

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ACOSTA, CARLOS
2350 SW 97 AVE
125
MIAMI, FL 33165**

**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 retaking)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

**TITLE SD
NAME ACOSTA, CARLOS
STREET ADDRESS 2350 SW 97TH AVENUE
CITY- ST- ZIP MIAMI, FL 33165**

**TITLE PD
NAME GONZALEZ, MANUEL G
STREET ADDRESS 13920 SW 139 COURT
CITY- ST- ZIP MIAMI, FL 33165**

**TITLE D
NAME WOLFF, RITA
STREET ADDRESS 12956 NW 9 STREET
CITY- ST- ZIP MIAMI, FL 33182**

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

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

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

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05/09/05-80007-013 150.00

**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)(f) 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: Carlos Acosta S.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-05 305-554-5928

Date

Daytime Phone #