


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000109661</b>	
1. Entity Name <b>AMERICA'S DESSERT FACTORY CORPORATION**</b>	

Principal Place of Business <b>13920 SW 139TH COURT MIAMI, FL 33186</b>	Mailing Address <b>2350 SW 97 AVE 125 MIAMI, FL 33165</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1151176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000927647 05/20/08-80114-016 150.00</b>
---	--	--

10. OFFICERS AND DIRECTORS

TITLE <b>SD</b>	NAME <b>ACOSTA, CARLOS</b>
STREET ADDRESS <b>2350 SW 97TH AVENUE</b>	CITY-STATE-ZIP <b>MIAMI, FL 33165</b>
TITLE <b>PD</b>	NAME <b>GONZALEZ, MANUEL G</b>
STREET ADDRESS <b>13920 SW 139 COURT</b>	CITY-STATE-ZIP <b>MIAMI, FL 33165</b>
TITLE <b>D</b>	NAME <b>WOLFF, RITA</b>
STREET ADDRESS <b>12956 NW 9 STREET</b>	CITY-STATE-ZIP <b>MIAMI, FL 33182</b>
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

**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 other like empowered.

**SIGNATURE:** *Carlos Acosta* **4-28-08 305-5545928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #