

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109661

FILED  
Jun 20, 2009  
Secretary of State

Entity Name: AMERICA'S DESSERT FACTORY CORPORATION

**Current Principal Place of Business:**

13920 SW 139TH COURT  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

2350 SW 97 AVE  
125  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 65-1151176      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: ACOSTA, CARLOS  
Address: 2350 SW 97TH AVENUE  
City-St-Zip: MIAMI, FL 33165

Title: PD (X) Delete  
Name: GONZALEZ, MANUEL G  
Address: 13920 SW 139 COURT  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: WOLFF, RITA  
Address: 12956 NW 9 STREET  
City-St-Zip: MIAMI, FL 33182

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS ACOSTA

SD

06/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date