2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P01000110841 1. Entity Name BAKERY CONNECTION, INC.							05-03-200	04 91057 0	48 ***1	.50.00
Principal Place of Business PO BOX 141698 CORAL GABLES, FL 33114				Mailing Address PO BOX 141698 CORAL GABLES, FL 33114				чаобр	~	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01152004	Chg-P	CR2E034	(10/03)	
City & State			City & State			4. FEI Number 65-1153	729			plied For t Applicable
Zip Country		Zip	Zip Country		5. Certificate of	Status Desired		3.75 Addi e Required		
	6. Name	and Address of Curr	ent Registered Agent		Name	7. Name and A	ddress of New R	egistered Age	ent	
VIVIES, PATRICK 700 E DANIA BEACH BLVD STE 202					Street Address (P.O. Box Number is Not Acceptable)					
DANIA, FL	33004							·		
					City		,	FL	Zip Code	, ,
	named entitions of regist		nt for the purpose of chang	ging its registere	ed office or regist	ered agent, or both	in the State of Flo	orida. I am fan	niliar with,	and accept
SIGNATURE_		or printed name of registered a	gent and title il applicable.	(NOTE: Registered	d Agent signature requir	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			1			5.00 May Be ided to Fees				
10.		F OFFICERS A	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	IRECTORS	3 IN 11
NAME STREET ADDRESS	P CAZENA\							. ₹	Change	Addition
CITY-ST-ZIP	9591 FON MIAMI, FL	/E, THIERRY ITAINBLEU BLVD # . 3317	□ Deter	NAM! STRE	E CA ET ADDRESS 13X	zenave 140 Nu 157a Loc	thicre	y ve =	* 2 254	
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12. I hereby certify that the information supplied with this filing does not quality 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 of 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

GNATURE AND EFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (305) 229.2247