

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000003879

Entity Name: PINES BAKERY CORP.

**FILED**  
**Nov 20, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

18330 NE 2ND AVENUE  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

18330 NE 2ND AVENUE  
MIAMI, FL 33179

**New Mailing Address:**

FEI Number: 26-0016115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEL RIO, MOISES  
6313 NW 173 LANE  
MIAMI, FL 33015 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEL RIO, MOISES  
Address: 6313 NW 173 LANE  
City-St-Zip: MIAMI, FL 33015

Title: VP (X) Delete  
Name: DEL RIO, MARIA  
Address: 6313 NW 173 LANE  
City-St-Zip: MIAMI, FL 33015

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

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: MOISES DEL RIO

P

11/20/2007

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

\_\_\_\_\_  
Date