


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008 8:00 am
Secretary of State

09-04-2008 90046 017 ***550.00

DOCUMENT # P02000017073					
1. Entity Name TOMMY'S BAKERY, CORP.					
Principal Place of Business 8592 SW 40TH ST MIAMI, FL 33155			Mailing Address 8592 SW 40TH ST MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 232349-51 W. 52 St		3. Mailing Address 2349-50 W. 52 St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hialeah, FL 33016		City & State Hialeah, FL 33016		4. FEI Number 03-0399925	
Zip USA		Zip usa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, MIGUEL 8592 SW 40TH ST MIAMI, FL 33155			7. Name and Address of New Registered Agent Name Núñez, Segundo Street Address (P.O. Box Number is Not Acceptable) 131 West 64 Street Hialeah, FL 33012 City FL Zip Code		
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 <u><i>Segundo Nunez</i></u> Segundo Nunez 8/29/08 <small>Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD QUINTANA, IZMARY <input checked="" type="checkbox"/> Delete 2349 W 52 ST ST HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gonzalez, Josefa 19633 NW 82 PL Hialeah, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Núñez, Segundo 131 West 64 St Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Segundo Nunez</i></u> Segundo Nunez (P)			8/29/08		305-819-0375
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>