


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90418 034 ***150.00

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|---|---|---|---|--|--|
| DOCUMENT # P02000082805 | | | |  | |
| 1. Entity Name D & D ENTERPRISES BAKERY INC. | | | | | |
| Principal Place of Business 15349 S.W. 39TH TERRACE MIAMI, FL 33185 | | | Mailing Address 15349 S.W. 39TH TERRACE MIAMI, FL 33185 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. 6871 SW 129 Ave. apt. 4 | | Suite, Apt. #, etc. 6871 SW 129 Ave. apt. 4 | | | |
| City & State MIAMI, FL | | City & State MIAMI, FL | | | |
| Zip 33183 | | Country U.S.A. | | Zip 33183 | |
| Country U.S.A. | | 4. FEI Number 51-0418165 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PINEIRO, ILEANA U 15349 S.W. 39TH TERRACE MIAMI, FL 33185 | | | Name Street Address (P.O. Box Number is Not Acceptable) 6871 SW 129 Ave. apt. 4 City MIAMI FL Zip Code 33183 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 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 | PD TALAVERA, JOSE L 15349 S.W. 39TH TERRACE MIAMI, FL 33185 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 6871 SW 129 Ave. apt. 4 MIAMI, FL 33183 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PINEIRO, ILEANA U 15349 S.W. 39TH TERRACE MIAMI, FL 33185 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6871 SW 129 Ave. apt. 4 MIAMI, FL 33183 | |
| 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 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 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: _____ | | | Date 4/15/04 (305) 331-1544 Daytime Phone # | | |
| SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |