

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90789 034 ***150.00

DOCUMENT # P02000114970

1. Entity Name
A & A INTERNATIONAL BAKERY CO.



Principal Place of Business
**7951 SW 40TH ST STE 206
MIAMI FL 33155**

Mailing Address
**7951 SW 40TH ST STE 206
MIAMI FL 33155**



2. Principal Place of Business
6412 NW 82nd Ave.
Suite, Apt. #, etc.

3. Mailing Address
6412 NW 82nd Ave.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
06-1654508

Applied For
Not Applicable

Zip
33166

Country
U.S.

Zip
33166

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, OSVALDO J
7951 SW 40TH ST STE 206
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVTS** ☒ Delete
NAME **ELLIOTT, CARMEN**
STREET ADDRESS **7951 SW 40TH ST STE 206**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☒ Delete
NAME **ELLIOTT, CARMEN**
STREET ADDRESS **7951 SW 40TH ST STE 206**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** ☒ Change ☐ Addition
NAME **Alba Esparragoza**
STREET ADDRESS **10360 SW 150th # 12207**
CITY-ST-ZIP **Miami, FL 33196**

TITLE **D** ☒ Change ☐ Addition
NAME **Alba Esparragoza**
STREET ADDRESS **10360 SW 150th # 12207**
CITY-ST-ZIP **Miami, FL 33196**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/03 (305) 490-0034
Date Daytime Phone #

CR2E034 (10/02)