


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P02000131573 1. Entity Name SOUTH FLORIDA BAKERY SUPPLIES CO.	
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Principal Place of Business 10001 WEST OAKLAND PARK BLVD. SUITE #202 FORT LAUDERDALE, FL 33351	Mailing Address 10001 WEST OAKLAND PARK BLVD. SUITE #202 FORT LAUDERDALE, FL 33351
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DO NOT WRITE IN THIS SPACE



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3090804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

WILLIAMS, THOMAS
10001 W. OAKLAND PARK BLVD
STE 200
FORT LAUDERDALE, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000731214 05/08/07-80111-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILLIAMS, THOMAS 10001 W. OAKLAND PARK BLVD 200 FORT LAUDERDALE, FL 33351
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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS WILLIAMS

4/23/07 954-572-0862
Date Daytime Phone #