2007 FOR PROFIT CORPORATION

ANNUAL REPORT

Secretary of State DOCUMENT # P03000003263 03-22-2007 90004 026 ***150.00 LOS TRES MONITOS PANADERIA COLOMBIANA, CORP. Principal Place of Business Mailing Address 10032221 5374 WEST 12 AVE 5374 WEST 12 AVE HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 CR2E034 (12/06) Chq-P City & State City & State Applied For 4. FEI Number 59-3767938 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLA, CAROLINA Street Address (P.O. Box Number is Not Acceptable) 5374 W 12 AVE HIALEAH, FL 33012 3 City 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. the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change ☐ Addition VILLA, CAROLINA NAME NAME STREET ADDRESS STREET ADDRESS 5374 W 12 AVE CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP Delete TSU F TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Delate -0446 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 irrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

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TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE:)

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

FILED Mar 22, 2007 8:00 am

Davtime Phone #

☐ Change

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Addition

Addition