


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90024 008 \*\*\*150.00

<b>DOCUMENT # P03000008882</b> 1. Entity Name <b>MANA BAKERY &amp; PASTRY, INC.</b>					
Principal Place of Business <b>2921-W COLUMBUS DRIVE TAMPA FL 33607</b>			Mailing Address <b>2921-W COLUMBUS DRIVE TAMPA FL 33607</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>20-0197488</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TEJERA, JOSE <input type="checkbox"/> Delete 2921 W COLUMBUS DRIVE TAMPA FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TEJERA, JOSE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3760 PARKL WAY BLVD LAND O LAKES, FL. 34639-4216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RIVERA, JOSE <input checked="" type="checkbox"/> Delete 2921 W COLUMBUS DRIVE TAMPA FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RIVERA, JULIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3760 PARKL WAY BLVD LAND O LAKES, FL. 34639-4216	
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 an either like empowered.					
SIGNATURE: <u>Jose Tejera</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/20/04</u> (813) <u>967-0981</u> (CEH) <small>Daytime Phone #</small>		