## 2004 FOR PROFIT CORPORATION

## Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT 04-29-2004 90336 017 \*\*\*150 00 **DOCUMENT # P03000056058** 1. Entity Name EUROPOEAN MARKET AND BAKERY INC. 43011604 Principal Place of Business Mailing Address 2399 NORTH FEDERAL HIGHWAY 2399 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33341 BOCA RATON, FL 33341 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 54-2116471 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHOAF, MARGARET Street Address (P.O. Box Number is Not Acceptable) 2100 SOUTH TAMIAMI TRAIL SUITE 200 SARASOTA, FL 34239 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition ☐ Delete TITLE SCHYMANEK, KLAUS-DIETER NAME NAME STREET ADDRESS 2399 NORTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33341 CITY-ST-ZIP NSD ☐ Change ☐ Addition ☐ Delete TITLE SCHYMANEK, GUDRUN NAME NAME 2399 NORTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33341 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 address, with all other like empowered.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR P

`L-

Delete

-0

☐ Change

Addition

**FILED**