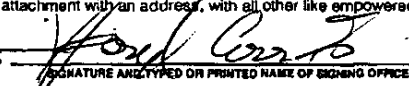


FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90493 046 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000061202			
1. Entity Name PALERMO BAKERY, INC.			
Principal Place of Business 1402 BOYNTON BEACH BOULEVARD BOYNTON BEACH, FL 33426 US		Mailing Address 1402 BOYNTON BEACH BOULEVARD BOYNTON BEACH, FL 33426 US	
2. Principal Place of Business 860 N. Federal Hwy Suite, Apt. #, etc.		3. Mailing Address 860 N. Federal Hwy Suite, Apt. #, etc.	
City & State Pompano Bch. FL Zip 33060		City & State Pompano Bch, FL Zip 33060	
4. FEI Number 80-0070061		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VINCENT J. PIAZZA, P.A. 2499 GLADES ROAD SUITE 112 BOCA RATON, FL 33431		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORLANDO, GIROLAMO 1402 BOYNTON BEACH BOULEVARD BOYNTON BEACH, FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 10387 Oak Meadow Lane Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CIRrito, JOSEPH 1402 BOYNTON BEACH BOULEVARD BOYNTON BEACH, FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TETREAU, VER 1402 BOYNTON BEACH BOULEVARD BOYNTON BEACH, FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	