

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000069220

1. Entity Name
VINCENT'S BAKERY, CAFE AND CATERING, INC.



04 APR 16 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
18320 SW 149TH AVE
MIAMI, FL 33187

Mailing Address
18320 SW 149TH AVE
MIAMI, FL 33187



2. Principal Place of Business
10906 SW 184 ST.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03222004 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State

4. FEI Number 41-2104534 Applied For
Not Applicable

Zip Country
33157 Miami-Dade

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, VINCENT
18320 SW 149TH AVE
MIAMI, FL 33187

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 *Vincent Lopez*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/22/04
DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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 D
NAME LOPEZ, VINCENT
STREET ADDRESS 18320 SW 149TH AVE
CITY-ST-ZIP MIAMI, FL 33187 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000032960920
CITY-ST-ZIP 04/16/04--01044--001 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE: *Vincent Lopez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04
Date Daytime Phone #