


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90003 046 ***150.00

DOCUMENT # P03000069220 1. Entity Name VINCENT'S BAKERY, CAFE AND CATERING, INC.					
Principal Place of Business 10906 SW 184 ST MIAMI, FL 33157			Mailing Address 18320 SW 149TH AVE MIAMI, FL 33187		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 41-2104534	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOPEZ, VINCENT 18320 SW 149TH AVE MIAMI, FL 33187				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: <i>Vincent Lopez</i> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 7/18/05	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D LOPEZ, VINCENT 18320 SW 149TH AVE MIAMI, FL 33187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 all other like empowered.					
SIGNATURE: <i>Vincent Lopez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 5/18/05 <small>Daytime Phone #</small>	

50058205



07052005 Chg-P CR2E034 (10/03)

ATTACHMENT

50058205

VINCENT'S BAKERY, CAFÉ AND CATERING, INC.
18320 SW 149TH AVENUE
MIAMI, FL 33187

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2005 Corporate Annual Report / Ref. No. P03000069220

Dear Sir or Madam,

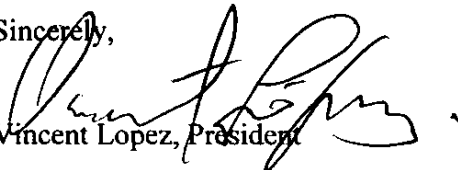
Enclosed is the year 2005 corporate annual report for the corporation referred to above and a check for \$150. Please note that the annual report and the check was received by your office on April 26, 2005 however you returned the annual report and the check because the annual report mailed to you was the format for electronic filing.

Please waive the \$400 fee because I did not receive notification for the filing of the annual report and because I am disabled and I incorrectly sent you the annual report appropriate for electronic filing. However, the information was received by you prior to May 1, 2005.


I spoke with Mr. Gary Blankenbaker, a document specialist from your office, and he stated that I had 30 days from the date of your July 5, 2005 to return these documents to you.

Your assistance in this matter is greatly appreciated.

Sincerely,


Vincent Lopez, President

ATTACHMENT
#P03000069220
5005820 J

EXPRESS MAIL		Customer Code
UNITED STATES POSTAL SERVICE®		Label 11-B, March 2000
Post Office To Addressee		
 ED 762289493 US		
ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code	Day of Delivery	Postage
33177	Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Day <input type="checkbox"/>	\$
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
4-28-05	Month 4 Day 29	\$
Mo. Day Year	Scheduled Time of Delivery	COD Fee Insurance Fee
10:05 AM	<input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$ \$
Time Accepted	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees
10:05 AM	Int'l Alpha Country Code	\$ 13.65
Flat Rate <input type="checkbox"/> or Weight	Acceptance Emp. Initials	
3 lbs. 0 oz.		
DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
CUSTOMER USE ONLY		
<input type="checkbox"/> PAYMENT BY ACCOUNT <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only)		
Express Mail Corporate Account No. Additional merchandise insurance is void if customer requests waiver of signature.		
Federal Agency, APO, FPO, or Post Office Box No. Fresh delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Mailer Signature		
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
FROM: (PLEASE PRINT) PHONE ()		
Vincent Lopez		
18320 SW. 149 Ave		
Miami FL 33187		
TO: (PLEASE PRINT) PHONE ()		
Division of Corporations		
409 East Gaines Street		
Tallahassee FL 32399		
ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)		
[] [] [] [] [] + [] [] [] []		
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.		

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811

EMS



ATTACHMENT

50058205

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 5, 2005

VINCENT'S BAKERY, CAFE AND CATERING, INC.
18320 SW 149TH AVE
MIAMI, FL 33187

SUBJECT: VINCENT'S BAKERY, CAFE AND CATERING, INC.

Ref. Number: P03000069220

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 205A00044715