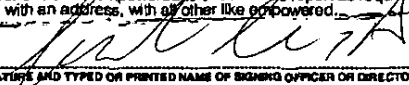


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

04-19-2004 90287 046 ***150.00

DOCUMENT # P03000069600					
1. Entity Name THE BEST OF THE BEST IN MEXICAN BAKERY, INC.					
Principal Place of Business 3248 17TH STREET SARASOTA, FL 34235			Mailing Address 3248 17TH STREET SARASOTA, FL 34235		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-084006-9	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent URIBE-ALCANTARA, ROSARIO 3248 17TH STREET SARASOTA, FL 34235				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 reappointing) 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	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	URIBE-ALCANTARA, ROSARIO		NAME		
STREET ADDRESS	3248 17TH STREET		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	REYES-ORTIZ, JUAN		NAME		
STREET ADDRESS	3248 17TH STREET		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GRIJALVA-ALCANTARA, FERNANDO		NAME		
STREET ADDRESS	3248 17TH STREET		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34235		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-ZIP			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: 			4-30-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

66419291



04142004 Chg-P CR2E034 (10/03)