## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000069600

1. Entity Namé

THE BEST OF THE BEST IN MEXICAN BAKERY, INC.



FILED May 01, 2008 08:00 AN Secretary of State

Daytime Phone #

Principal Place of Business

3248 17TH STREET SARASOTA, FL 34235 Mailing Address

3248 17TH STREET SARASOTA, FL 34235



## DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
55-0840069	Not Applicabl
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

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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. Typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
And the control of th							
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD URIBE-ALCANTARA, ROSARIO 3248 17TH STREET SARASOTA, FL 34235				U00000940894 05/28/08-80085-004 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYES-ORTIZ, JUAN 3248 17TH STREET SARASOTA, FL 34235		!				
THLE NAME STREET ADDRESS CITY-ST-ZIP			·	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN <sup>-</sup>	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP				· · · ·	• • • • • • • • • • • • • • • • • • •		
TITLE :3:							
STREET ADDRESS CITY+ST-ZIP		·					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes: Efurther 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							

labe

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR