


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90028 031 \*\*\*150.00

<b>DOCUMENT # P03000079931</b>	
--------------------------------	---

<b>1. Entity Name</b> SWEET PASSION BAKERY, INC.	<b>Principal Place of Business</b> 1046 SW 118 CT MIAMI, FL 33184	<b>Mailing Address</b> 1046 SW 118 CT MIAMI, FL 33184
---	---	---

**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 65-1199955	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

CARABALY, GLORIA  
1046 SW 118 CT  
MIAMI, FL 33184

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	CARABALY, GLORIA
<b>STREET ADDRESS</b>	1046 SW 118 CT
<b>CITY-ST-ZIP</b>	MIAMI, FL 33184
<b>TITLE</b>	DV
<b>NAME</b>	CUERVO, JHON DARIO
<b>STREET ADDRESS</b>	13407 SW 154 ST APT 2302
<b>CITY-ST-ZIP</b>	MIAMI, FL 33177
<b>TITLE</b>	DV
<b>NAME</b>	PRESIGA, JARVIN J
<b>STREET ADDRESS</b>	4276 SW 152 AVENUE
<b>CITY-ST-ZIP</b>	MIAMI, FL 33185
<b>TITLE</b>	DV
<b>NAME</b>	ALVAREZ, LUZ S
<b>STREET ADDRESS</b>	4276 SW 152 AVENUE
<b>CITY-ST-ZIP</b>	MIAMI, FL 33185
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  \_\_\_\_\_ **01-18-2007** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #