
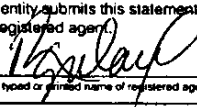
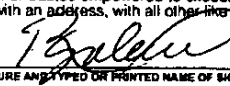


FILED
Mar 15, 2007 8:00 am
Secretary of State

01-29-2007 90076 042 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000128694		
1. Entity Name CHICAS BAKERY, INC.		
Principal Place of Business 3553 WEST 76TH STREET BAY 6 HIALEAH, FL 33018		Mailing Address 3553 WEST 76TH STREET BAY 6 HIALEAH, FL 33018
6. Name and Address of Current Registered Agent RODRIGUEZ, PILAR 3553 WEST 76TH STREET BAY 6 HIALEAH, FL 33018		
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:  DATE: 2/16/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, PILAR 1695 WEST 4TH AVENUE HIALEAH, FL 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUIZ, MILEIDYS 11490 NW 87TH COURT HIALEAH GARDENS, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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. 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:  DATE: 2/16/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debit Phone #</small>		

66005213



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0381652

Applied For
Not Applicable

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