2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000152519

Entity Name: VECKY BAKERY, INC

Name:

Address:

City-St-Zip:

TABARES, MARCIA

MIAMI, FL 33196

9251 S.W. 167 COURT

() Delete

FILED Jan 17, 2009 Secretary of State

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|---|-----------------------------|------------------|---------------------|---|--|---------------------------|--------------|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| 17537 PIN PEMBRO | ES BLVD. KE PINES, F | L 33029 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| 17537 PIN PEMBROK | ES BLVD. KE PINES, F | L 33029 | | | | | | |
| FEI Number | : 76-0733025 | FEI Number | Applied For () | FEI Number Not App | licable () | Certificate of Status Des | sired () | |
| Name and Address of Current Registered Agent: | | | | Name and | Name and Address of New Registered Agent: | | | |
| MIAMI, FL The above | named entite of Florida. | | statement for the p | ourpose of changing | its registered | office or registered age | nt, or both, | |
| | Electr | onic Signature | of Registered Age | ent | Date | | | |
| Election Car | npaign Financ | ing Trust Fund C | Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | TABARES, F 17537 PINES | | 9 | Title: Name: Address: City-St-Zip: | , | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | INCLAN, ABI 17537 PINES | | 9 | Title: Name: Address: City-St-Zip: | VP BAELLA, EDU 9251 SW 167 MIAMI, FL 33 | COURT | | |
| Title: | SEC | () Delete | | Title: | |) Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARCIA TABARES SEC 01/17/2009

() Change () Addition