2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000033117

1. Entity Name
CAKE MASTERS, INC.

Principal Place of Business	Mailing Address
4916 NW 47TH TERR TAMARAC, FL 33319	4916 NW 47TH TERR TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0823861
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RACKAUSKAS, ALFREDO
4916 NW 47TH TERR
TAMARAC, FL 33319

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000003435470
04Apr06-80012-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RACKAUSKAS, ALFREDO
STREET ADDRESS	4916 NW 47TH TERR
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	D
NAME	LINA, CHRISTIAN L
STREET ADDRESS	BME 1417 PISO 5 OFICINA 504
CITY-ST-ZIP	REPUBLICA ARGENTINA,
TITLE	D
NAME	BERGOC, ALBERTO J
STREET ADDRESS	BME 1417 PISO 5 OFICINA 504
CITY-ST-ZIP	REPUBLICA ARGENTINA,
TITLE	D
NAME	RADICE, EDUARDO H
STREET ADDRESS	BME 1417 PISO 5 OFICINA 504
CITY-ST-ZIP	REPUBLICA ARGENTINA,
TITLE	D
NAME	MATYAS, GABRIEL
STREET ADDRESS	BME 1417 PISO 5 OFICINA 504
CITY-ST-ZIP	REPUBLICA ARGENTINA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Alfredo Rackauskas ALFREDO RACKAUSKAS 4-2-06 954 253 4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #