


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P04000033117 |  |
| 1. Entity Name CAKE MASTERS, INC. | |

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| Principal Place of Business 4916 NW 47TH TERR TAMARAC, FL 33319 | Mailing Address 4916 NW 47TH TERR TAMARAC, FL 33319 |
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03272007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-0823861 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent RACKAUSKAS, ALFREDO 4916 NW 47TH TERR TAMARAC, FL 33319 |
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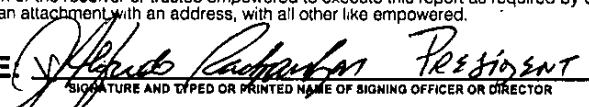
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RACKAUSKAS, ALFREDO 4916 NW 47TH TERR TAMARAC, FL 33319 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LINA, CHRISTIAN L BME 1417 PISO 5 OFICINA 504 REPUBLICA ARGENTINA, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERGOC, ALBERTO J BME 1417 PISO 5 OFICINA 504 REPUBLICA ARGENTINA, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RADICE, EDUARDO H BME 1417 PISO 5 OFICINA 504 REPUBLICA ARGENTINA, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATYAS, GABRIEL BME 1417 PISO 5 OFICINA 504 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  PRESIDENT. 3-27-07 (954) 733-1549 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |