

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90082 032 \*\*\*150.00

20014269



02042005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000037585			
1. Entity Name ROBERTO BAKERY, INC.			
Principal Place of Business 1602 SW 139 AVE MIAMI, FL 33175		Mailing Address 1602 SW 139 AVE MIAMI, FL 33175	
2. Principal Place of Business 420 Palm AVE		3. Mailing Address 1602 SW 139 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah Florida		City & State Miami Florida	
4. FEI Number 20-0830142		Applied For Not Applicable	
Zip 33010		Country FL USA	
Zip 33175		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, ROBERTO 1602 SW 139 AVE MIAMI, FL 33175		7. Name and Address of New Registered Agent Name: MORALES, ROBERTO Street Address (P.O. Box Number is Not Acceptable): 1602 SW 139 AVE City: Miami FL Zip Code: 33175	
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: <u>Roberto Morales</u> DATE: <u>2-14-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MORALES, ROBERTO 1602 SW 139 AVE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORALES, ROBERTO 1602 SW 139 AVE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Roberto Morales</u>		Date: <u>2-14-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	