


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90308 049 ***150.00

DOCUMENT # P04000037745					
1. Entity Name DONA GOYA BAKERY, INC.					
Principal Place of Business 759 92ND AVE NORTH NAPLES, FL 34108			Mailing Address 759 92ND AVE NORTH NAPLES, FL 34108		
2. Principal Place of Business 1424 LEE BLVD.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LEHIGH ACRES, FL.		City & State		4. FEI Number 01-0808191	
Zip 33936		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONSERRAT, SIXTO 759 92ND AVE NORTH NAPLES, FL 34108			7. Name and Address of New Registered Agent Name: MONSEARAT, SIXTO Street Address (P.O. Box Number is Not Acceptable): 1424 LEE BLVD. City: LEHIGH ACRES FL Zip Code: 33936		
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	PTD MONSERRAT, SIXTO 759 92ND AVE NORTH NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MONSEARAT, SIXTO 1424 LEE BLVD. LEHIGH ACRES, FL. 33936
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MONSERRAT, AMARILIS 759 92ND AVE NORTH NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MONSEARAT, AMARILIS 1424 LEE BLVD. LEHIGH ACRES, FL. 33936
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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			
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				01-11-05 239 272-0821 Date Daytime Phone #	