2005 FOR PRO. I CORPORATION ANNUAL REPORT

DOCUMENT # P04000058935

1. Entity Name
MARLIN'S BAKERY OF CALIXTRO, INC.

FILED
05 DEC -7 PM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12857 SW 88 ST MIAMI, FL 33186	12857 SW 88 ST MIAMI, FL 33186

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 83-0393007 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALIXTRO, HAROL 12857 SW 88 ST MIAMI, FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PT CALIZTRO, HAROL 12857 SW 88 ST MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS CALIZTRO, KAREL 12857 SW 88 ST MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIR GARCIA, ANGELA E 12857 SW 88 ST MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Angela Esther Mir 12/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Williams DEC - 7 2005

POCH POF 00005893S

MARLIN'S BAKERY OF CALIXTRO, INC.

12857 SW 88TH ST.
MIAMI, FL 33186
(305) 385-8105

1610

63-27/631 FL
939

DATE Apr/28/05

PAY TO THE ORDER OF Florida Department of State $ 150.00

Ciento cincuenta con 00/xx DOLLARS

Bank of America

ACH R/T 063100277

FOR Annual Report 2005

⑈001610⑈ ⑆063100277⑆ 003731453842⑈

12/2/05

Note:

Please note that this was sent on time and paid on time also. As per my conversation with Mr. Tyron Scott on 12/2/05 asked me to please write a letter explaining so that this fee can be waived, apparently the FEI# was not but in your copy, Please pardon me for any mistake and please waive this fee.

Thank You.
Angela Esther Mir

Note:
correct address is 12857 SW 88 St.
Miami, Fl 33186