2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077275

Entity Name: MI PUEBLO PANADERIA, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

10910 WEST FLAGLER STREET 10910 WEST FLAGLER STREET

SUITE 101 SUITE 116-117 MIAMI, FL 33174 MIAMI, FL 33174

Current Mailing Address: New Mailing Address:

10910 WEST FLAGLER STREET 10910 WEST FLAGLER STREET

 SUITE 101
 SUITE 116-117

 MIAMI, FL 33174
 MIAMI, FL 33174

FEI Number: 20-1126775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPWIZ REGISTERED AGENTS, INC.

8750 N.W. 36 STREET

ENTERPRISE RESOURCE PLANNING, INC
10305 NW 41 ST

8750 N.W. 36 STREET 10305 NW 41 ST SUITE 220 # 219 MIAMI, FL 33178 US DORAL, FL 33178 US

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.

SIGNATURE: ERP 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 AMOROSI, ANDRES
 Name:
 AMOROSI, ANDRES

 Address:
 6701 NW 111 AVENUE
 Address:
 6701 NW 111 AVENUE

 City-St-Zip:
 MIAMI, FL 33178
 City-St-Zip:
 DORAL, FL 33178

Title: PVT () Delete Title: PVT (X) Change () Addition Name: AMOROSI, ANDRES Name: AMOROSI, ANDRES

 Name:
 AMOROSI, ANDRES
 Name:
 AMOROSI, ANDRES

 Address:
 6701 NW 111 AVENUE
 Address:
 6701 NW 111 AVENUE

 City-St-Zip:
 MIAMI, FL 33178
 City-St-Zip:
 DORAL, FL 33178

Title: S () Delete Title: () Change () Addition

 Name:
 AMOROSI, MARIA
 Name:

 Address:
 6701 NW 111 AVENUE
 Address:

 City-St-Zip:
 DORAL, FL 33178
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA AMOROSI S 04/30/2009