Jan. 7. 2008 3:38PM

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90090 018 ***150.00

DOCUMENT # P04000087549

1. Entity Name
SWEET BAKERY INC

4UUU2755

01072008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
67 NW 22 ST HOMESTEAD, FL 33030 US	67 NW 22 ST HOMESTEAD, FL 33030 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1467 N KROME AVE	
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State: HOMESTEAD	City & State
Zip: FL 33030 County: DADE	Zip / Country

4. FEI Number 20-1201418 ☐ 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
CABRERA, CESAR ESTEBAN 13483 SW 39 LANE MIAMI, FL 33175	Name: CABRERA, CESAR ESTEBAN Street Address (P.O. Box Number is Not Acceptable): 67 NW 22 ST City: HOMESTEAD FL Zip Code: 33030

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, 2008 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	P CABRERA, CESAR ESTEBAN 67 NW 22 ST. HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORALES, ANA 13483 SW 39 LANE MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MORALES CABRERA ANETTE 67 NW 22 ST HOMESTEAD FL 33030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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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 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: _____ 01/07/08 (305)242-0717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #