2008 FOR PROFIT CORPO ANNUAL REPORT TION

DOCUMENT # P04000117193

1. Entity Name

Principal Place of Business

TAMPA, FL 33607 . US

3320 WEST COLUMBUS DRIVE

A & N FERNANDEZ BAKERY, INC.



2/

Mailing Address

17102 WHIRLEY ROAD LUTZ, FL 33558 US

FILED Mar 07, 2008 8:00 am Secretary of State

02-05-2008 90009 040 ***150.00

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DO NOT WRITE IN THIS SPACE

01212008 N

No Chg-P

CR2E034 (11/05)

4. FEI Number 76-0764642 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FERNANDEZ, NOEL
17102 WHIRLEY ROAD
LUTZ, FL 33558

IN THIS SPACE

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.

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE FERNANDEZ, NOEL NAME STREET ADDRESS 17102 WHIRLEY ROAD CITY-ST-ZIP **LUTZ, FL 33558** TITLE FERNANDEZ, AMANDA NAME STREET ADDRESS 17102 WHIRLEY ROAD CITY-ST-ZIP **LUTZ, FL 33558** TITLE FERNANDEZ, MIGDRE! NAME STREET ADDRESS -17102 WHIRLEY RD CITY-ST-7IP **LUTZ, FL 33558** TITLE GONZALEZ, CARLOS NAME 17102 WHIRLEY RD STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33558 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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.

NOTEL FERMANDES*

PRESSIDEAR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-08

D216

Daytime Phone #