
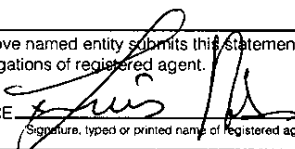
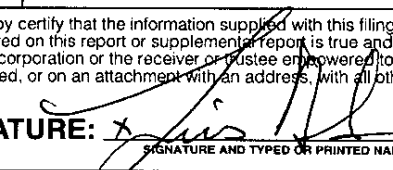


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90032 012 ***150.00

DOCUMENT # P04000153484 1. Entity Name MIAMI BAKERY AND CAFE IN CAPE CORAL, INC					
Principal Place of Business 1524 HANCOCK BRIDGE PARKWAY CAPE CORAL, FL 33460 US			Mailing Address 1524 HANCOCK BRIDGE PARKWAY CAPE CORAL, FL 33460 US		
2. Principal Place of Business 1524 Hancock Bridge Pkwy Suite, Apt. #, etc.		3. Mailing Address 1524 Hancock Bridge Parkway Suite, Apt. #, etc.			
City & State Cape Coral FL		City & State Cape Coral FL		4. FEI Number 20-1881827	
Zip 33990		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NODA, LUIS JR 1524 HANCOCK BRIDGE PARKWAY CAPE CORAL, FL 33460				7. Name and Address of New Registered Agent Name NODA, LUIS JR Street Address (P.O. Box Number is Not Acceptable) 1524 Hancock Bridge Parkway City Cape Coral FL Zip Code 33990	
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 5/18/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME NODA, LUIS JR STREET ADDRESS 214 FAIRWEATHER LN CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete		TITLE P NAME NODA, LUIS JR STREET ADDRESS 1145 SW 13TH ST CITY-ST-ZIP CAPE CORAL FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME NODA, DENISSE STREET ADDRESS 214 FAIRWEATHER LN CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete		TITLE VP NAME NODA, DENISSE STREET ADDRESS 1145 SW 13TH ST CITY-ST-ZIP CAPE CORAL FL 33991	<input checked="" 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	
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: 			Date 5/18/05 Daytime Phone # 239-896-2806 239-333-9267		