

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163514

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE CAPTAIN'S BAKERY MIAMI, INC.

Current Principal Place of Business:

1500 MIAMI CENTER, 201 BISCAYNE BLVD
MIAMI, FL 33131

New Principal Place of Business:

1500 MIAMI CENTER, 201 S.BISCAYNE BLVD
MIAMI, FL 33131

Current Mailing Address:

1500 MIAMI CENTER, 201 BISCAYNE BLVD
MIAMI, FL 33131

New Mailing Address:

1500 MIAMI CENTER, 201 S.BISCAYNE BLVD
MIAMI, FL 33131

FEI Number: 20-1964048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER, 201 BISCAYNE BLVD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER, 201 S.BISCAYNE BLVD
MIAMI, FL 33131 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:

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: BURRELL, HORACE G
Address: 1500 MIAMI CENTER, 201 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BURRELL, HORACE G
Address: 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: S () Change (X) Addition
Name: SALAS, RAUL J
Address: 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

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: HORACE G. BURRELL

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04/07/2009

Electronic Signature of Signing Officer or Director

Date