


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90093 040 \*\*\*150.00

**DOCUMENT # P05000010756**


1. Entity Name  
**CARIBE BAKERY & RESTAURANT, INC.**



Principal Place of Business      Mailing Address  
**14202 GREEN GABLE STREET**      **14202 GREEN GABLE STREET**  
**ORLANDO, FL 32824**      **ORLANDO, FL 32824**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*1351 N. Goldenrod Rd*      *Same*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Ste 123*  
 City & State      City & State  
*Orlando FL*  
 Zip      Country      Zip      Country  
*32807*

40000000



01062007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-2228188**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HIDALGO, CARMEN G**  
**14202 GREEN GABLE STREET**  
**ORLANDO, FL 32824**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	HIDALGO, CARMEN G	
STREET ADDRESS	14202 GREEN GABLE STREET	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HIDALGO, ANMARY	
STREET ADDRESS	417 COTSWOLD CIRCLE	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HIDALGO, MARYAN	
STREET ADDRESS	3227 HUNTERS CHASE LOOP	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	S	<input type="checkbox"/> Delete
NAME	HIDALGO, ANTONIO	
STREET ADDRESS	URB. SAN FRANCISCO II. C. SAN RAFAEL #253	
CITY-ST-ZIP	YAUCO, PR 00698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Carmen G. Hidalgo*      **1-8-07**      **407-489-3560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #