


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P05000010756	
1. Entity Name CARIBE BAKERY & RESTAURANT, INC.	

Principal Place of Business 1351 N. GOLDENROD RD STE 123 ORLANDO, FL 32807	Mailing Address 14202 GREEN GABLE STREET ORLANDO, FL 32824
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DO NOT WRITE IN THIS SPACE



03162008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2228188	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HIDALGO, CARMEN G 14202 GREEN GABLE STREET ORLANDO, FL 32824

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIDALGO, CARMEN G 14202 GREEN GABLE STREET ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIDALGO, ANMARY 417 COTSWOLD CIRCLE DAVENPORT, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HIDALGO, MARYAN 3227 HUNTERS CHASE LOOP KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIDALGO, ANTONIO 14202 GREEN GABLE CT ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000867891
04/08/08-80089-015 150.00

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: <i>Carmen G. Hidalgo</i>	<i>3/16/08</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>