

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000031162

1. Entity Name  
TRADITIONS BAKERY, INC



**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90023 021 \*\*\*150.00

Principal Place of Business  
8181 NW SOUTH RIVER DRIVE  
B-211  
MEDLEY, FL 33166

Mailing Address  
8181 NW SOUTH RIVER DRIVE  
B-211  
MEDLEY, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2437199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, NORMA B  
8181 NW SOUTH RIVER DRIVE  
B-211  
MEDLEY, FL 33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 ☐ Delete  
NAME REYES, DANILO  
STREET ADDRESS 8181 NW SOUTH RIVER DRIVE B-211  
CITY-ST-ZIP MEDLEY, FL 33166

TITLE VP ☐ Delete  
NAME FERNANDEZ, NORMA B  
STREET ADDRESS 8181 NW SOUTH RIVER DRIVE B-211  
CITY-ST-ZIP MEDLEY, FL 33166

TITLE T ☐ Delete  
NAME REYES, DANIA  
STREET ADDRESS 12032 SW 37 TERRACE  
CITY-ST-ZIP MIAMIA, FL 33175

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: DANILO REYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-06

Date

786-344-4840

Daytime Phone