2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000031162

1. Entity Name
TRADITIONS BAKERY, INC

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

04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000922573
05/15/08-80051-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REYES, DANILO
STREET ADDRESS	8181 NW SOUTH RIVER DRIVE B-211
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	VP
NAME	FERNANDEZ, NORMA B
STREET ADDRESS	8181 NW SOUTH RIVER DRIVE B-211
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	T
NAME	REYES, DANIA
STREET ADDRESS	12032 SW 37 TERRACE
CITY-ST-ZIP	MIAMIA, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Bernard 4-22-08 (305)247-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #