

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jan 31, 2007 8:00 am
Secretary of State**

01-31-2007 90051 006 ***150.00

DOCUMENT # P05000059618
1. Entity Name QUINTANA BAKERY CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 955 E 8 AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33010	Country	Zip	Country

40007771

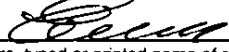
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4. FEI Number 20-2828172		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name EUGENIO CASTILLO	
Street Address (P.O. Box Number is Not Acceptable) 6707 SW 25 TR	
City MIAMI	Zip Code FL 33155

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  **EUGENIO CASTILLO** **1/24/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS


TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, EUGENIO 6707 SW 25 TR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTILLO, NOLVIA 6707 SW 25 TR MIAMI, FL 33155
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **EUGENIO CASTILLO, PRESIDENT** **1/24/2007** **(305) 887-6121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**