2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2006 8:00 am
Secretary of State

05-09-2006 90103 001 ***150.00
05-09-2006 90103 002 *****8.75
05-09-2006 90103 003 *****5.00

DOCUMENT # P05000060461

1. Entity Name

FORERO BAKERY, CORP.

Principal Place of Business	Mailing Address
3310 EMERALD POINTE DR APTO 102-A HOLLYWOOD FL 33021	3310 EMERALD POINTE DR APTO 102-A HOLLYWOOD FL 33021

2. Principal Place of Business	3. Mailing Address
3310 Emerald Point Dr.	3310 Emerald Point Dr
Suite, Apt. #, etc. Apt. 102-A	Suite, Apt. #, etc. Ap. 102 A-
City & State Hollywood Fl.	City & State Hollywood Fl
Zip 33021 Country	Zip 33021. Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-2750875 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

GUEVARA, ENRIQUE
630 S STATE ROAD 7
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name Same

Street Address (P.O. Box Number is Not Acceptable) Same

City Same. 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 Olga Forero P. — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE 04-24-06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORERO, OLGA	NAME	
STREET ADDRESS	3310 EMERALD POINTE DR APTO 102-A	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Olga Forero P. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04-24-06 Daytime Phone # 9544014111