2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000099672

1. Entity Name
MI COLOMBIA BAKERY, INC.

Principal Place of Business	Mailing Address
1427-1431 ALTON RD. STORE #1 MIAMI BEACH, FL 33139	1427-1431 ALTON RD. STORE #1 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

05142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3170195 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HOYOS, JUAN SEBASTIAN
1427-1431 ALTON RD.
STORE #1
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

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 _____ 100000052751 06/05/08-01001-004 150.00

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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOYOS, JUAN SEBASTIAN
STREET ADDRESS	1427-1431 ALTON RD.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DVP
NAME	LOZANO, CARLOS
STREET ADDRESS	1427-1431 ALTON RD.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DS
NAME	HOYOS, CRISTIAN
STREET ADDRESS	1427-1431 ALTON RD.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 05-14-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #