2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# P05000107787

Entity Name: LA CASITA BAKERY, INC

Current Principal Place of Business:

14401 JASMINE GLEN DR
ORLANDO, FL 32824

New Principal Place of Business:

747 A LANCASTER RD
ORLANDO, FL 32809

Current Mailing Address:

14401 JASMINE GLEN DR
ORLANDO, FL 32824

New Mailing Address:

747 A LANCASTER RD
ORLANDO, FL 32809

FEI Number: 20-3245887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORES, ANA M
14401 JASMINE GLEN DR
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

FLORES, ANA M
747 A LANCASTER RD
ORLANDO, FL 32809 US

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.

SIGNATURE: ANA FLORES 02/28/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLORES, SAMUEL
Address: 14401 JASMINE GLEN DR
City-St-Zip: ORLANDO, FL 32824

Title: V ( ) Delete
Name: FLORES, ANA M
Address: 14401 JASMINE GLEN DR
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FLORES, SAMUEL
Address: 747 A LANCASTER RD
City-St-Zip: ORLANDO, FL 32809

Title: V (X) Change ( ) Addition
Name: FLORES, ANA M
Address: 747 A LANCASTER RD
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL FLORES P 02/28/2007
Electronic Signature of Signing Officer or Director Date