2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070836

Name:

Address:

City-St-Zip:

Entity Name: AZUCAR RESTAURANT & BAKERY, INC

FILED Feb 18, 2009 Secretary of State

		recorror and a bracer, in	1 0.			
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	PRADO BLVD RAL, FL 33904					
Current N	lailing Addres	s:	New Mailing Address:			
	PRADO BLVD RAL, FL 33904					
FEI Number	: 33-1139399	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
506 N.E. 1	, MARITSA 4TH AVENUE RAL, FL 33909					
The above in the State	e named entity s e of Florida.	submits this statement for the p	purpose of changing i	ts registered	I office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Ag	ent	Date		
Election Ca	mpaign Financing	Trust Fund Contribution ().				
OFFICER	S AND DIREC	rors:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DP () CARTAYA, MAR 506 N.E. 14TH A CAPE CORAL, I	\VE	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	DVT () MOLINA, JUAN 231 DANBY RD LEHIGH ACRES		Title: Name: Address: City-St-Zip:	MOLINA, JUA 231 DANBY		
Title: Name: Address: City-St-Zip:	PRES () CARTAYA, MAR 506 NE 14TH A' CAPE CORAL, I	/ENUE	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title:	()	Delete	Title:	DTS	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

CARTAYA, ADOLFO

506 NE 14TH AVENUE CAPE CORAL, FL 33909

SIGNATURE: MARITSA CARTAYA PRES 02/18/2009