2008 FOR PROFIT CORPORATION ANNUAL REPORT

08-08-2008 90016 025 ***150.00
FILED P06000077742

2008 DEC -2 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000077742

1. Entity Name
THE BEST JAMAICAN BAKERY AND RESTAURANT, INC.

Principal Place of Business
6076 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417 US

Mailing Address
6076 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417 US

2. Principal Place of Business - No P.O. Box # 6076 Okeechobee
Suite, Apt. #, etc. 42-43
City & State West Palm Bch
Zip 33417 Country Palm Bch

3. Mailing Address 6076 Okeechobee Blvd
Suite, Apt. #, etc. West Palm Bch
City & State
Zip 33417 Country Palm Bch

08042008 Chg-P CR2E034 (12/06)

4. FEI Number 33-1142311 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
BREAKENRIDGE, SYLVIA
~~4771 NW 19TH~~ ST 6076 Okeechobee Blvd
LAUDERHILL, FL 33313 West Palm Bch 33417

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 6076
6076 Okeechobee Blvd
City West Palm Beach FL Zip Code 33417

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 Sylvia Breakenridge 8/6/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD ☐ Delete
NAME	BREAKENRIDGE, SYLVIA
STREET ADDRESS	4771 NW 19TH ST 6076 Okeechobee
CITY-ST-ZIP	LAUDERHILL, FL 33313 West Palm Bch
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	REINSTATEMENT
STREET ADDRESS	2008
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 8/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40112976

#P06000027774 2

Never Received a Renewal Form

Sylvia Brantley