## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

ANNUAL REPURI								Secretary of State					
DOCUMENT # P07000031694  1. Entity Name									05-01-20	-			
PYRAMID	BAKER'	Y, INC.											
Principal Place	ailing Address	Address			40089932								
742 NE 674T				P.O. BOX 14474			ı						
OLD TOWN, FI	L 32680	US	ı	ALLAHASSEE, FL 323	17 1	US		·					
2. Discipal Phase of Rusiness No. 200 Part   100 Part													
				3. Mailing Address					<b>en</b> ii 1820 9840 8200 2				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04282008	מנוסם	0 0 0 0 0 0	00000000	0	
City & State				City & State				4. FEI Number	67095	7		Applied For Not Applicable	
Zip	Zip Country			Zip Coun		ilry			of Status Desired		\$8.75 Ac		
6. Name and Address of Current Registered Agent								7. Name and	Address of New	Registered A	gent		
SARKIS, NAZIH W						Name							
742 NE 674TH ST. OLD TOWN, FL 32680				Street Add			ress (I	P.O. Box Numbe	er is Not Acceptab	le)			
•				City							Zip Co	do	
0. 71										FL	1 '		
the obligation	named entity ons of registe	/ submits this statem ered agent.	ent for the p	ourpose of changing its	register	ed office or re	gister	ed agent, or bot	h, in the State of F	lorida. I am í	amiliar with	n, and accept	
SIGNATURE											٠.		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere							equired	when reinstating)		DATE			
	, i		_	9. Election Campaig	nn Finar	ncina	¢5	<b>00</b> a cocecu					
After Ma	y 1, 2008	FEE IS \$150.0 Fee will be \$!	550.00	Trust Fund Contr		~ —		30@30.000					
10.		OFFICERS	AND DIREC	CTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTO	RS IN 11	
TITLE NAME	P SARKIS, N	NA7IH \A/		☐ Detete	TITU Nam	I .					☐ Change	☐ Addition	
STREET ADDRESS	742 NE 674TH ST.				EET ADORESS								
CITY-ST-ZIP	OLD TOW	N, FL 32680			CITY	-ST-ZIP							
OILE ,	<i>(</i> )			☐ Delete	TITL	<b>I</b>					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM STRE	EET ADDRESS							
CITY-ST-ZIP	19					-ST-ZIP							
HILE .				☐ Delete	TITL					·	☐ Change	☐ Addition	
NAME STREET ADDRESS			-		NAM STRE	EET ADDRESS			<u></u>		-		
CITY+ST-ZIP					•	-ST-ZIP							
TITLE				☐ Delete	TITL	1					☐ Change	Addition	
NAME STREET ADDRESS					NAM	EET ADDRESS							
CHY-ST-ZIP						-SI-ZIP							
TITLE				☐ Delete	TITL	E -			-		☐ Change	Addition	
NAME					NAM								
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -S1-ZIP							
TITLE				☐ Delete	TITL	E					Change	Addition	
NAME					, NAM	E							

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 eath; 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> MAZI LATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-28-6

Daytme Phone ■