FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

11 MAY 24 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000031694

1. Entity Name

Pyramid Bakery, Inc

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
742 NE 674th St	PO Box 14474
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Old Town FL	City & State: Tallahassee FL
Zip: 32680 Country: United States	Zip: 32317 Country: United States

4. FEI Number: 20-867 0957 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Nazih Sarkis

Street Address (P.O. Box Number is Not Acceptable): 742 NE 674th St

City: Old Town FL Zip Code: 32680

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: Nazih W. Sarkis Nazih W. Sarkis 5-20-11

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address: nsarkis@pyramidbakery.net
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	Pres
NAME	Nazih W. Sarkis
STREET ADDRESS	742 674th St NE
CITY-ST-ZIP	Old Town FL 32680
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: [signature] 5/20/2011

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