

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000058743

1. Entity Name
TAMMY'S BAKERY & CAFETERIA, INC.



FILED
Jun 23, 2008 8:00 am
Secretary of State

05-05-2008 90263 028 ***150.00

66014588



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0191063 Filed For
Applicable

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

6. Name and Address of Current Registered Agent

ACHON, JUVENTAL
955-957 E 8TH AVE
HIALEAH, FL 33010

Name IDALBERTO SUCO

Street Address (P.O. Box Number is Not Acceptable)

955-957 E 8TH AVE

City Hialeah FL Zip Code 33010

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 *IB*

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when remitting

DATE 1/2/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE P
NAME SUCO, IDALBERTO
STREET ADDRESS 955-957 E 8TH AVE
CITY-ST-ZIP HIALEAH, FL 33010

Delete

TITLE VP
NAME CASTILLO, VIVIAN
STREET ADDRESS 955-957 E 8TH AVE
CITY-ST-ZIP HIALEAH, FL 33010

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *IB*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/08 305-888-~~3000~~