2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000089016

Entity Name: GOLDEN BAKERY INC

FILED Jul 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12822 N 56TH ST TAMPA, FL 33617

Current Mailing Address: New Mailing Address:

12822 N 56TH ST TAMPA, FL 33617

FEI Number: 26-0686462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALSABAGH, MHAMAD

15127 WILLOWDALE RD

TAMPA, FL 33625 US

KARKACHLE, HOUDA

15127 WILLOWDALE RD

TAMPA, FL 33625 US

TAMPA, FL 33625 US

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.

SIGNATURE: HOUDA KARKACHLE 07/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\label{eq:definition} \mbox{Title:} \qquad \mbox{D, P} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D, P} \qquad \mbox{(X) Change () Addition}$

 Name:
 ALSABAGH, YASSIN
 Name:
 KARKACHLE, HOUDA

 Address:
 15127 WILLOWDALE RD
 Address:
 15127 WILLOWDALE RD

 City-St-Zip:
 TAMPA, FL 33625
 City-St-Zip:
 TAMPA, FL 33625

Title: VP (X) Delete Title: () Change () Addition

 Name:
 ALSABAGH, MHAMAD
 Name:

 Address:
 15127 WILLOWDALE RD
 Address:

 City-St-Zip:
 TAMPA, FL 33625
 City-St-Zip:

Title: D, S (X) Delete Title: () Change () Addition

 Name:
 KARKACHLE, HOUDA
 Name:

 Address:
 15127 WILLOWDALE RD
 Address:

 City-St-Zip:
 TAMPA, FL 33625
 City-St-Zip:

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.

SIGNATURE: HOUDA KARKACHLE P 07/28/2008