

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000077739

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** CAKE STUDIO ON THE KEY, INC.

**Current Principal Place of Business:**

300 GALEN DRIVE  
402  
KEY BISCAVNE, FL 33149 US

**New Principal Place of Business:**

7350 SW 89 STREET  
1102  
MIAMI, FL 33156 US

**Current Mailing Address:**

P.O. BOX 565854  
MIAMI, FL 332565854

**New Mailing Address:**

P.O. BOX 565854  
MIAMI, FL 332565854 US

**FEI Number:** 45-3165076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENENDEZ, IRENE R  
1571 BIRD ROAD  
CORAL GABLES, FL 33146 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ACOSTA, LARISSA  
Address: 7350 SW 89 STREET # 1102  
City-St-Zip: MIAMI, F 33156

I hereby 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 all other like empowered.

SIGNATURE: LARISSA ACOSTA

D

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date