
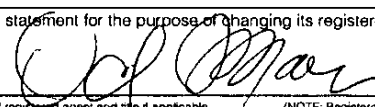
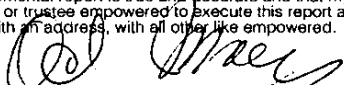


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90013 029 ***150.00

DOCUMENT # P92000007143 1. Entity Name MIAMI BAKERY II, INC.					
Principal Place of Business 6601 W. FLAGLER STREET MIAMI, FL 33126 US			Mailing Address 6601 W. FLAGLER STREET MIAMI, FL 33126 US		
2. Principal Place of Business - No P.O. Box # 1990 NW 22 Ave.		3. Mailing Address 1990 NW 22 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL 33125		City & State MIAMI, FL		4. FEI Number 65-0370679	
Zip 33125		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARRERO, OCTAVIO 6601 W. FLAGLER STREET MIAMI, FL 33126			7. Name and Address of New Registered Agent Name MARRERO, OCTAVIO Street Address (P.O. Box Number is Not Acceptable) 1990 NW 22 Ave City MIAMI FL Zip Code 33125		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARRERO, OCTAVIO 6601 W. FLAGLER STREET MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARRERO, OCTAVIO 1990 NW 22 Ave MIAMI, FL 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 7/31/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		