


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000004932  
 1. Entity Name  
 FARRARA BAKERY & PASTRY SHOPPE, INC.



Principal Place of Business      Mailing Address  
 1241 SOUTH US HWY. #1      1241 SOUTH US HWY. #1  
 VERO BEACH, FL 32962 US      VERO BEACH, FL 32962 US

**DO NOT WRITE IN THIS SPACE**



03112004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0387411      Not Applicable

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

6. Name and Address of Current Registered Agent  
 PEGG, ROBERT L  
 1428 21ST STREET  
 VERO BEACH, FL 32960

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000115464  
 04/16/04-80025-000 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANDIDO, ALBERTO F
STREET ADDRESS	5590 W IRST SQ SW
CITY - ST - ZIP	VERO BEACH, FL 32968
TITLE	VP
NAME	CANDIDO, E
STREET ADDRESS	5590 W IRST SQ SW
CITY - ST - ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Eleano Candido*    Eleano Candido    4/13/04    772-770-9225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #