


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90330 005 \*\*\*158.75

**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**

40000000



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04122007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**65-0387411**      Not Applicable

Zip      Country      Zip      Country

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**

**7. Name and Address of New Registered Agent**

Name **Alberto Candido**  
 Street Address (P.O. Box Number is Not Acceptable) **5590 West First St SW**  
**VERO BEACH**      **32968**  
 City      FL      Zip Code

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: *Alberto Candido*      **Alberto Candido President 4/12/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CANDIDO, ALBERTO F	
STREET ADDRESS	5590 W IRST SQ SW	
CITY - ST - ZIP	VERO BEACH, FL 32968	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CANDIDO, E	
STREET ADDRESS	5590 W IRST SQ SW	
CITY - ST - ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Alberto Candido*      **4/12/07**      **772-770-9225**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #