

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90050 001 \*\*\*150.00

**DOCUMENT # P93000032394**

1. Entity Name  
**BONAFIDE INTERNATIONAL BAKERY & CAFE CORP.**



Principal Place of Business  
**1617 NE 163RD STREET  
N MIAMI BEACH, FL 33162 US**

Mailing Address  
**1617 NE 163RD STREET  
N MIAMI BEACH, FL 33162 US**

**94033469**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

02062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0406043**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GALVEZ, CORAZON C  
1115 NE 1 CT  
A  
HALLANDALE, FL 33009**

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | P                         | <input type="checkbox"/> Delete |
| NAME           | GALVEZ, CORAZON C         |                                 |
| STREET ADDRESS | 1115 NE CT STE A          |                                 |
| CITY-ST-ZIP    | HALLANDALE, FL            |                                 |
| TITLE          | V                         | <input type="checkbox"/> Delete |
| NAME           | GALVEZ, ANGELA V          |                                 |
| STREET ADDRESS | 1115 NE 1 CT STE A        |                                 |
| CITY-ST-ZIP    | HALLANDALE, FL            |                                 |
| TITLE          | S                         | <input type="checkbox"/> Delete |
| NAME           | GALVEZ, DANIEL A          |                                 |
| STREET ADDRESS | 4854 SW 34 TERRACE        |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33312 |                                 |
| TITLE          | T                         | <input type="checkbox"/> Delete |
| NAME           | CHAUVER, LUCIA A          |                                 |
| STREET ADDRESS | 7535 NW 19 DRIVE          |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES, FL 33024  |                                 |
| 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          | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Glavez, Corazon C       |  |
| STREET ADDRESS | 1115-A NE 1st CT        |  |
| CITY-ST-ZIP    | Hallandale - FL 33009   |  |
| TITLE          | V                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Galvez, Angela V        |  |
| STREET ADDRESS | 1115-A NE 1st CT        |  |
| CITY-ST-ZIP    | Hallandale - Fla. 33009 |  |
| 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 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:

*[Signature]* **LUCIA A. CHAUVER**

**03/18/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #