

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

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



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

1100000286400
04/04/05-80024-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALVEZ, CORAZON C
STREET ADDRESS	1115-A NE 1ST CT.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	V
NAME	GALVEZ, ANGELA V
STREET ADDRESS	1115-A NE 1ST CT.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	S
NAME	GALVEZ, DANIEL A
STREET ADDRESS	4854 SW 34 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	T
NAME	CHAYER, LUCIA A
STREET ADDRESS	7535 NW 19 DRIVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCIA A. CHAYER

Date

04/01/05

Daytime Phone #

(305) 949-5113