

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 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**



01172007 No Chg-P CR2E034 (11/05)

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 reconstituting)

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**

**U00000605408
01/30/07-80034-021 150.00**

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	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 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: **LUCIA A. CHAYER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/07

Date

(954) 792-8317

Daytime Phone