2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000071265

1. Entity Name
ROSUA BAKERY, INC.

Principal Place of Business	Mailing Add s
10684 NW FOUNTAINBLEAU BLVD. MIAMI, FL 33172	10684 NW FOUNTAINBLEAU BLVD. MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

04022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0439245

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CENDAN, EDUARDO
10684 NW FOUNTAINBLEAU BLVD.
MIAMI, FL 33172

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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 _____ 4/2/04
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

U00000103823
04/05/04-80072-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	DELGADO, JOSE
STREET ADDRESS	2275 SW 131 COURT
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	DS
NAME	CENDAN, EDUARDO
STREET ADDRESS	2270 SW 131ST COURT
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VP
NAME	CENDAN, NILDA
STREET ADDRESS	2270 SW 131 CT
CITY-ST-ZIP	MIAMI, FL 33175
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: _____ 4/2/04 305-887-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #