

**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
**10684 NW FOUNTAINBLEAU BLVD.
MIAMI, FL 33172**

Mailing Address
**10684 NW FOUNTAINBLEAU BLVD.
MIAMI, FL 33172**



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0439245

Applied For
Not Applicable

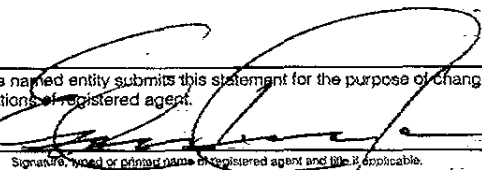
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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, word or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/2/04

**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**

**U000000103823
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

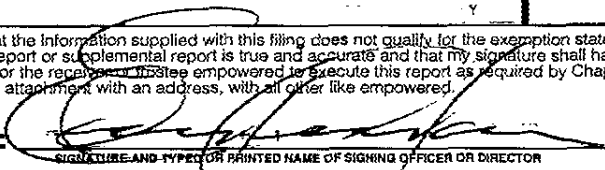
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered agent 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

4/2/04 **305-557-4114**
Date Daytime Phone #