

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 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**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0439245

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/07

**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.**

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 | |

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01/31/07-80027-002 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/07