

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000072864

1. Entity Name
RUDOLPH'S EUROPEAN STYLE RYE BREAD & CAKES,
INC.



Principal Place of Business
6516 PONCE DE LEON BLVD.
NORTH PORT, FL 34287

Mailing Address
6516 PONCE DE LEON BLVD.
NORTH PORT, FL 34287

**FILED
Apr 15, 2008 08:00 AT
Secretary of State**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0232804	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UELLENBERG, FRANK
6516 PONCE DE LEON BLVD.
NORTH PORT, FL 34287

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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 signing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000899850
04/28/08-80015-005 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME UELLENBERG, FRANK
STREET ADDRESS 6516 PONCE DE LEON BLVD.
CITY-ST-ZIP NORTH PORT, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

04-10-08 941-423-8805

Date

Daytime Phone #