FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:32

DOCUMENT # **P94000038713 (1)**

1. Corporation Name
BABYCAKES BAKERY, INC.

Principal Place of Business
1135 92ND ST.
#3
BAY HARBOUR ISLANDS FL 33154

Mailing Address
1135 92ND ST.
#3
BAY HARBOUR ISLANDS FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21 17048 WEST DIXIE HWY
22 Suite, Apt. #, etc.
23 City & State: North Miami Beach, Fla.
24 Zip: 33160
25 Country: USA

2a. Mailing Address
26 PO BOX 611212
27 Suite, Apt. #, etc.
28 City & State: North Miami Beach, FLA
29 Zip: 33261
30 Country: USA

4. FEI Number: 65-049-2197 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CROCKETT & FRANKLIN P.A.
420 LINCOLN RD.
SUITE 338
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name: LISA HOUSMAN
82 Street Address (P.O. Box Number is Not Acceptable): 17048 WEST DIXIE HWY
83
84 City: NORTH MIAMI BEACH FL
85 Zip Code: 33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature], PRESIDENT — 1-12-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/S
12 NAME	LISA HOUSMAN
13 STREET ADDRESS	17048 W. DIXIE HWY
14 CITY - ST - ZIP	NORTH MIAMI, FLA 33160
21 TITLE	V
22 NAME	DOUG NEYER
23 STREET ADDRESS	17048 W. DIXIE HWY
24 CITY - ST - ZIP	NORTH MIAMI, FLA 33160
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on my attachment with an address.

SIGNATURE: [signature] LISA HOUSMAN 3-17-95 (305) 945-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #