


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P94000080585 1. Entity Name C & M BAKERY EQUIPMENT COMPANY |  |
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| | |
|---|---|
| Principal Place of Business 1820 SW 63RD AVE WEST MIAMI, FL 33155 | Mailing Address 1820 SW 63RD AVE WEST MIAMI, FL 33155 |
|---|---|

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0569150 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**GUSO, JORDI ESQ
5760 SW 30 ST
MIAMI, FL 33155**

**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

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000862690 04/03/08 000000 019 150.00 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP GUSO, CANDIDO 1820 SW 63RD AVE WEST MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVTS GUSO, MARTHA 1820 SW 63RD AVE WEST MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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:  **Candido Gusó** **03-17-08** **(305) 261-2625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #