


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000016249</b> 1. Entity Name CAUDALES BAKERY, INC.	
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Principal Place of Business 1740 PALM AVENUE HIALEAH, FL 33010	Mailing Address 1740 PALM AVENUE HIALEAH, FL 33010
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0561223	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CAUDALES, JULIO L 1740 PALM AVENUE HIALEAH, FL 33010
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD CAUDALES, LUIS 500 WEST 68 ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAUDALES, JULIO L 500 WEST 66 ST. HIALEAH, FL 33012
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000000089582  
03/15/04-80098-001 150.00

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

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/10/04</b> <small>Date</small>	<b>305-885-4200</b> <small>Daytime Phone #</small>
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