

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-27-2006 90282 007 ***150.00

03-08-2006 90190 038 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000054538

1. Entity Name
OVALLE'S BAKERY INC.



Principal Place of Business
11454 QUAIL ROOST DR.
MIAMI, FL 33157

Mailing Address
11454 QUAIL ROOST DR.
MIAMI, FL 33157

66008126



02122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0593895

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OVALLE, ROBERTO
10530 SW 203 TERRACE
MIAMI, FL 33189

**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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OVALLE, ROBERTO
10530 SW 203 TERRACE
MIAMI, FL 33189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
OVALLE, ILIANA
10530 SW 203 TERRACE
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LIMA, JORGE
10530 SW 203 TERR
MIAMI, FL 33189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Roberto Ovalle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-06 / *305*
253-9100
Date Daytime Phone #