

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 8:00 am
Secretary of State

04-24-2008 90111 046 ***150.00

DOCUMENT # P95000054538 1. Entity Name OVALLE'S BAKERY INC.	
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Principal Place of Business 11454 QUIAL ROOST DR. MIAMI, FL 33157	Mailing Address 11454 QUIAL ROOST DR. MIAMI, FL 33157
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66011865



04072008 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
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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: *Roberto Ovalle* (NOTE: Registered Agent signature required when renewing) DATE: 5-20-08

**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

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
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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 another like empowered.

SIGNATURE: *Roberto Ovalle* 5-20-08 (205) 253-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone