2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000080907

1. Entity Name
ROLLING PIN BAKERY, INC.

Principal Place of Business	Mailing Address
9523 HARDING AVENUE SURFSIDE, FL 33154	9523 HARDING AVENUE SURFSIDE, FL 33154

DO NOT WRITE IN THIS SPACE

01252007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0613975	Not Applicable

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

6. **Name and Address of Current Registered Agent**

CANTILLO, ROEMAR
9523 HARDING AVE
SURFSIDE, FL 33154

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000615766
02/07/07-80001-010 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CANTILLO, ROEMER
STREET ADDRESS	9523 HARDING AVE
CITY-ST-ZIP	SURFSIDE, FL 33154

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Roemer Cantillo_   1/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #