

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000096736

1. Entity Name  
GILBERT'S BAKERY INC.



Principal Place of Business  
2000 S.W. 13TH AVENUE  
MIAMI, FL 33145

Mailing Address  
2000 S.W. 13TH AVENUE  
MIAMI, FL 33145

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0634421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

ARRIAZA, GILBERTO  
2000 S.W. 13TH AVENUE  
MIAMI, FL 33145

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ARRIAZA, GILBERTO M.
STREET ADDRESS	2000 SW 13 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	ARRIAZA, GILBERTO J.
STREET ADDRESS	2000 SW 13 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	ARRIAZA, AIDA V
STREET ADDRESS	2000 SW 13 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	PERIS, MARIA V.
STREET ADDRESS	2000 SW 13 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954501  
07/14/08-80002-024 150.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY 7/9/08 3056373600