2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001487

Title:

Name:

Address:

City-St-Zip:

FILED Jan 15, 2009 Secretary of State

Entity Nar	ne: CHARLO	TTE BAKERY, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
	HINGTON AV ACH, FL 33139						
Current Mailing Address:			New Mailing Address:				
	HINGTON AV ACH, FL 33139						
FEI Number:	65-0630164	FEI Number Applied For()	FEI Number Not App	licable()	Certificate of Status De	esired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1499 WAS	A, GLADYS H HINGTON AVI ACH, FL 33139						
	named entity s of Florida.	submits this statement for the p	urpose of changing i	ts registered o	office or registered ago	ent, or both,	
SIGNATUF							
Fl4: 0		ic Signature of Registered Age	nt		Date		
Election Can	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STD () JOFRE, PAOLA 1499 WASHING MIAMI BEACH,	STON AVENUE	Title: Name: Address: City-St-Zip:	ESPINOSA, GI	GTON AVENUE		
Title: Name: Address: City-St-Zip:	PD () COLEMAN, PHI 1499 WASHING MIAMI BEACH,	STON AVENUE	Title: Name: Address: City-St-Zip:	COLEMAN, PH	GTON AVENUE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	JOFRE, PAOL	GTON L AVENUE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GLADYS ESPINOSA **PRES** 01/15/2009

() Delete

() Change (X) Addition

JOFRE, ROBERTO

1499 WASHINGTON AVENUE

MIAMI BEACH, FL 33139