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ANNUAL REPORT									SECRETA DIVISION O	RY OF S	RATIONS	Š
DOCUMENT # P96000008677 1. Entity Name SOUTH FLORIDA BAKERY, INC.								 - 	OL OCT	26 PM	12: 26	
Principal Plac 14159 SW 1 MIAMI, FL 3	44 ST	Mailing Address 11390 S.W. 26TH STREET MIAMI, FL 33165] (407700)	113 12112 GIM WENL WE	II SENI BENI BERI	JERU AHII NATA M	ESANT IF ARDI		
2. Principal F	lace of Busin	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02182004	Chg-P	CR2E	(034 (10/03)			
City & State			City &	City & State				4. FEI Numl 65-064			<u> </u>	oplied For
Zip		Country	Zip	Zip Coun					e of Status Desire	ed 🗗	\$8.75 Add	ditional
MOLINA, JOAQUIN G ESQ. 10140 S.W. 40TH STREET MIAMI, FL 22165-2256						7. Name and Address of New Registered Agent Name ALBERTO BAROUH Street Address (P.O. Box Number is Not Acceptable) ENROLLED AGENT 131.65 SW 142 TER City Miami FL Zip Code 331.8						
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.												
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Sgreeters, typed of skinded name of registered agent and title it activities. (NOTE: Registered Agent signature required when reinstaints) 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		DIRECTOR	RECTORS 11.				ADDITIONS	CHANGES TO	OFFICERS AN	D DIRECTOR	SINII	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11390 S.V	00, CARMEN V. 26TH STREET 331652256	☐ Delete	TITU Nam Stre	E Et address		8/04	90023	042	□ Change 158.	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11390 S.V	00, RICARDO V. 26TH STREET 331652256		☐ Delete	1	E IE EET ADORESS -ST-ZIP	BAF	OUH, F	Ment Rec	ASSO ceived	C Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		00, R J LINS AVE. ACH, FL 33140		Delete _		: [-	Juna -	la port	21/20 21/20	etange 4	· Addition
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TITLE NAME STREET ADDRESS CIFY-ST-ZIP				□ Delete		1					☐ Change	☐ Addillon
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.												
SIGNAT	TURE: _	Carmen Ber		CAMO	en Or Direc	190 TOR	M	anho0	2/20/04	(30	5) 256-	1777

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10/29 a



South Florida Bakery, Inc.

14159 S.W. 144 Street Miami, Florida 33186 Phone: (305) 256-1777 Fax: (305) 256-8680

October 21, 2004

Florida Department of State Division of Corporations P.O. Box 6327.___ Tallahassee, FL 32314

Re: Document # P96000008677 FEI # 65- 0642086

Gentlemen:

We acknowledge receipt of your notice of Dissolution or Revocation of South Florida Bakery Inc.

We have contacted your Department by phone and confirmed that the original 2004 Annual Report form was received by you on time with our check No. 011235 for \$ 158.75 on March 8, 2004.

As you informed us, the original form was not signed by the officer of the corporation and was mailed back to us. Unfortunately the form was never received by us. We were completely unaware of this situation until we received your notice of dissolution.

Pursuant to your instructions, enclosed you will find a copy of the original form duly signed by the officer of the corporation. We would appreciate to receive a Certificate of Status as requested in the form.

Thanking you for your attention to this matter.

Sincerely Yours,

Ricardo J. Bernardo

Secretary

South Florida Bakery Inc.