


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P96000008677 1. Entity Name SOUTH FLORIDA BAKERY, INC.	
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Principal Place of Business 14159 SW 144 ST MIAMI, FL 33186 US	Mailing Address 14159 SW 144 STREET MIAMI, FL 33186
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04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0642086	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, AVEL P.A. 2688 SW 37TH AVE MIAMI, FL 33175
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000907350 05/05/08-80035-016 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNARDO, CARMEN 11390 S.W. 26TH STREET MIAMI, FL 331652256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNARDO, RICARDO 11390 S.W. 26TH STREET MIAMI, FL 331652256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNARDO, R J 2401 COLLINS AVE. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNARDO, LOURDES 6250 SW 163 PL MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/16/08 Date	305-256-1777 Daytime Phone #
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