

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90034 023 \*\*\*150.00

**DOCUMENT # P96000026040**

1. Entity Name  
**NORTH BAKERY CONCEPTS, INC.**



Principal Place of Business  
**1539 N.W. 27TH AVENUE  
MIAMI, FL 33125**

Mailing Address  
**1539 N.W. 27TH AVENUE  
MIAMI, FL 33125**

**94030728**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0652148**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEDO, MARIA  
2229 S.W. 17TH TERRACE  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent  
Name  
**JOSE M. LEDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**12631 RAMIRO STREET**  
City  
**CORAL GABLES** **FL** Zip Code  
**33156**

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 *Jose M. Ledo* DATE **1/30/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>PSD</del> <del>LEDO, MARIA</del> <del>2229 S.W. 17TH TERRACE</del> <del>MIAMI, FL 33145</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS JOSE M. LEDO <del>2229 SW 17TH TERRACE</del> <del>MIAMI, FL</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T <b>12631 RAMIRO STREET</b> <b>CORAL GABLES FL, 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Jose M. Ledo (President)* DATE: **1/30/04** (305) 637-0010

Typed or printed name of signing officer or director