

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90096 032 ***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**

40014743



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0652148

Applied For
☐ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEDO, JOSE M
4031 SW 185TH AVENUE
MIRAMAR, FL 33029**

Name

Street Address (P.O. Box Number is Not Acceptable)

2840 SW 156 Place

City

Miami

FL

Zip Code

33185

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

**VPSD
LEDO, JOSE M
4031 SW 185TH AVENUE
MIRAMAR, FL 33029**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**2840 SW 156 Place
Miami FL 33185**

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

Jose M. Ledo

1/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #