## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

1998

TO 440 (0)

DOCUMENT # P9600053412 (8)
JEFFREY'S BAKERY INC.

Country

25

Principal Place of Business

Mailing Address

6741 NE 3RD AVENUE MIAMI FL 33138

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

6741 NE 3RD AVENUE MIAMI FL 33138

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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## FILED Feb 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

6. This corporation owes or has paid the current pear Intangible

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

3. Date Incorporated or Qualified

06/20/1996

65-0684138

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

2-12-98

10 Name and Address of New Registered Agent

Trust Fund Contribution

				Mama		
PAUL, JEFFRET M			[81	81 Name		
			82	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33130			83	<del> </del>		
			ļ.,			
·	<u> </u>		84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, lyped or portled name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELET <b>E</b>	1.1 TITLE		☐ Change ☐ Addition	
NAME	PAUL, JEFFERY M		1.2 NAME			
STREET ADDRESS	6741 NE 3RD AVE.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	<u>-</u>	☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS	$\sim$ $\mathcal{F}$	
CITY-ST-ZIP	*		2. 4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY+ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS		
City-St-ZIP	<u> </u>		4.4 CITY-	ST-ZIP		
TITLE		DELETÉ	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ADORESS		
CITY-ST-ZIP			6.4 CITY-			
14. 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 annual report or supplemental annual 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 exercute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attechment with an address.						

Country

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