

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000006761

1. Entity Name  
CRUZ BAKERY INC.



Principal Place of Business. Mailing Address  
4330 EAST 10TH LANE 4330 EAST 10TH LANE  
HIALEAH, FL 33013 HIALEAH, FL 33013

**DO NOT WRITE IN THIS SPACE**

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**FILED  
Aug 23, 2004 8:00 am  
Secretary of State**

08-04-2004 90017 022 \*\*\*150.00  
08-23-2004 90022 015 \*\*\*400.00



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1765221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent

CRUZ, ALEJANDRO  
4330 EAST 10TH LANE  
HIALEAH, FL 33013

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 renewing)

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, ERNESTO 4330 EAST 10TH LANE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 it 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DKP

Daytime Phone #