



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # P97000017989 1. Entity Name CARIBBEAN SUNRISE BAKERY INC.	
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Principal Place of Business 4106 N. MAIN STREET JACKSONVILLE, FL 32206	Mailing Address 4106 N. MAIN STREET JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE


07062007 No Chg-P CR2E034 (11/05)
4. FEI Number **59-3435724** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DALEY, DENISE
4106 N MAIN ST
JACKSONVILLE, FL 32206**

**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 *Denise Daley* (NOTE: Registered Agent signature required when reappointing) 8/6/07 DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	PS DALEY, LAXLEYVAL 17650 NW 22 AVE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DALEY, DENISE 4106 N MAIN STREET JACKSONVILLE, FL 32206
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08/08/07-80001-003 550.00
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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: *Denise Daley* 8/6/07 19042355-045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #