

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000017989

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** CARIBBEAN SUNRISE BAKERY INC.

**Current Principal Place of Business:**

4106 N. MAIN STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

4106 N. MAIN STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 59-3435724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DALEY, DENISE  
4106 N MAIN ST  
JACKSONVILLE, FL 32206 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: DALEY, LAXLEYVAL  
Address: 17650 NW 22 AVE  
City-St-Zip: MIAMI, FL 33056

Title: ST  
Name: DALEY, DENISE  
Address: 4106 N MAIN STREET  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENISE R. DALEY

ST

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date