04-21-2006 90096 045 ***150.00
P97000019314

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 MAY 31 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000019314

1. Entity Name
TEMPTATION BAKERY, INC.

Principal Place of Business	Mailing Address
11865 S.W. 26TH STREET UNIT E-09 MIAMI, FL 33175	11865 S.W. 26TH STREET UNIT E-09 MIAMI, FL 33175

04132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0733315 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
VELAZQUEZ, JOSE A
8250 N.W. 10TH STREET
UNIT #9
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name: YUDITH TORRES
Street Address (P.O. Box Number is Not Acceptable): 17000 N.W. 67 Ave.
Apt. 222
City: Hialeah FL Zip Code: 33015

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] 04/18/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO	☒ Delete
NAME	VELAZQUEZ, JOSE A	
STREET ADDRESS	11865 S.W. 26TH STREET	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☒ Addition
NAME	YUDITH TORRES	
STREET ADDRESS	17000 N.W. 67 Ave. Apt.222	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	V	☐ Change ☒ Addition
NAME	ZAPATA ALVARO	
STREET ADDRESS	1245 N.W. 126 Ave.	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] 04/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #