

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90730 022 \*\*\*150.00

**DOCUMENT # P97000097539**

1. Entity Name

LE MANA BAKERY, INC.



Principal Place of Business

2332 W. OAKRIDGE ROAD  
ORLANDO FL 32809

Mailing Address

2332 W. OAKRIDGE ROAD  
ORLANDO FL 32809

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

59-3482657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, EUGENIO  
2944 CRYSTAL CREEK BLVD  
ORLANDO FL 32837

Name

Lillianna Lopez-Carrillo

Street Address (P.O. Box Number is Not Acceptable)

10623 Deergrass Ln.

City

Orlando

FL

Zip Code

32821

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

*Lillianna Lopez-Carrillo*

Lillianna Lopez-Carrillo

5-28-04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME LOPEZ, EUGENIO  
STREET ADDRESS 2944 CRYSTAL CREEK BLVD  
CITY-ST-ZIP ORLANDO FL 32837

TITLE S ☐ Delete  
NAME LOPEZ, ADA  
STREET ADDRESS 2944 CRYSTAL CREEK BLVD  
CITY-ST-ZIP ORLANDO FL 32837

TITLE T ☐ Delete  
NAME LOPEZ, LILLIANNA  
STREET ADDRESS 10623 DEERGRASS LN  
CITY-ST-ZIP ORLANDO FL 32821

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Treasurer ☒ Change ☐ Addition  
NAME LOPEZ, Eugenio  
STREET ADDRESS 2944 crystal creek BLVD  
CITY-ST-ZIP orlando, FL 32837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☒ Change ☐ Addition  
NAME Lopez-Carrillo, Lillianna  
STREET ADDRESS 10623 Deergrass Ln.  
CITY-ST-ZIP orlando FL 32821

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Lillianna Lopez-Carrillo*

Lillianna Lopez-Carrillo

5-28-04

407-859-5341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #