


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90003 022 ***158.75

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| DOCUMENT # P99000054557 |  |
| 1. Entity Name LUCIA'S MEXICAN BAKERY CORP. | |

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| Principal Place of Business 341 NE 3RD AVE DELRAY BCH, FL 33444 | Mailing Address 5004 NW 5TH ST. DELRAY BCH, FL 33445 |
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DO NOT WRITE IN THIS SPACE



05052004 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 65-0990015 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

PLANCARTE, RODOLFO J.V.P
5004 NW 5TH ST.
DELRAY BCH, FL 33445

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PLANCARTE, RODOLFO A 5004 NW 5TH ST DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD PLANCARTE, RODOLFO J 5004 NW 5TH ST DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ARACELI, H. MIRANDA 5004 NW 5TH ST DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 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:  **RODOLFO J PLANCARTE** **5-21-04** **(561) 244-0642**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #