

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V41813

FILED  
Oct 16, 2009  
Secretary of State

Entity Name: LA CHIPIONA NICARAGUAN BAKERY, INC.

**Current Principal Place of Business:**

10404 W FLAGLER ST  
16  
MIAMI, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

10404 W FLAGLER ST  
16  
MIAMI, FL 33174 US

**New Mailing Address:**

FEI Number: 65-0339968      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GARCIA, DAISY  
15126 SW 172ND TERRACE  
MIAMI, FL 33174 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: DAISY GARCIA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARCIA, DAISY  
Address: 15126 SW 172 TERRACE  
City-St-Zip: MIAMI, FL 33187

Title: SD ( ) Delete  
Name: CENTENO, DEBORAH MARIA  
Address: 11591 NW 2ND S #206  
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete  
Name: ESCOBAR, MARIA EUGENIA  
Address: 7555 SW 152 AVE E 212  
City-St-Zip: MIAMI, FL 33193

Title: TD ( ) Delete  
Name: CEDENO, MARIA JOSE  
Address: 15106 SW 172 TERRACE  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAISY GARCIA

PD

10/16/2009

Electronic Signature of Signing Officer or Director

Date