2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000058437

1. Entity Name

SIGNATURE



FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90564 037 ***150.00

704-887

Daytime Phone #

Kamoular

| Principal Place of Rushiness | LETA'S CARIBBEAN BAKERY & RESTAURANT, INC. | | | | 9 04-20-2004 50504 057 150.00 | |
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| RAMOUTAR, CURTIS 8351 PINES BOULEVARD PEMBROKE PINES FL 33024 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligation of Florida Department of State of F | Zip | Country | Zip | Country | 5 Certificate of Status Desired \$8.75 Additional | |
| RAMOUTAR, CURTIS 8351 PINES BOULEVARD PEMBROKE PINES FL 33024 City City FL Zip Code 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 FILE NOW!! FEE;S \$150.00; After May 1; 2004 Fee will be \$550.00; After May 1; 2004 Fee will be \$550.00. Make Check Payable to Florida Department of State. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE NAME RAMOUTAR, CURTIS SIREIT ADDRESS 6117-51-78 PEMBROKE PINES FL 33024 TILE Delete TILE NAME RAMOUTAR, LETA SIREIT ADDRESS 6117-51-78 PEMBROKE PINES FL 33024 TILE Delete | 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SIGNATURE Superior South | | | | Name | · · · · · · · · · · · · · · · · · · · | |
| City FL Zip Code 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 S | RAMOUTAR, CURTIS | | | Street Address | Street Address (P.O. Box Number is Not Accentable) | |
| City FL Zip Code 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, typical or printed name of registered application. (NOTE: Registered Agent spinature required when rematativity) PILE NOW!!! FEE: IS \$150.00 After May 1, 2004-fee will be \$550.00 Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE MARE ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-S1-ZP TITLE D | | | | Su cor ridoros | (1.0. Sox Wallion (1.10. Acceptable) | |
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| 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 typed or printed name of registered agent and like if expicitable. FILE NOW!!! FEE:S \$150.00 After May 1: 2004 Fee will be \$550.00 After May 1: 2004 Fee will be | | | | City | Zip Code | |
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| 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. | | | | | | |