

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90004 046 ***550.00

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1. Entity Name
LA BAGUETTE, INCORPORATED



Principal Place of Business

**680 NE 127TH STREET
NORTH MIAMI, FL 33161 US**

Mailing Address

**680 NE 127TH STREET
NORTH MIAMI, FL 33161 US**

54070055



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

07202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1856272

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRALINS AND ASSOCIATES, P A
2 S BISCAYNE BLVD
#3310
MIAMI, FL 33131**

Philip M. Gerson, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1980 Coral Way

City
Miami

FL

Zip Code
33145

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 **Philip M. Gerson, Esq.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

August 23, 2004

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HEMERY, PHILLIPE**
STREET ADDRESS **680 NE 127TH STREET**
CITY-ST-ZIP **N MIAMI, FL**

TITLE **VP** ☐ Delete
NAME **HEMERY, JUDY**
STREET ADDRESS **680 NE 127TH STREET**
CITY-ST-ZIP **N MIAMI, FL**

TITLE **ST** ☐ Delete
NAME **HEMERY, JUDY**
STREET ADDRESS **680 NE 127TH STREET**
CITY-ST-ZIP **N. MIAMI, FL**

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

TITLE **V-P** ☒ Change ☐ Addition
NAME **Loic P. Hémerly**
STREET ADDRESS **680 NE 127 Street**
CITY-ST-ZIP **N. Miami, FL 33161**

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

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

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:

Judy Hémerly

Secretary Treasurer

August 1, 2004 305.893.3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #