

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000006000

1. Entity Name
PURATOS BAKERY SUPPLY, INC.



Principal Place of Business
**1941 OLD CUTHBERT ROAD
CHERRY HILL, NJ 08043**

Mailing Address
**1941 OLD CUTHBERT ROAD
CHERRY HILL, NJ 08043**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2445964

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PURATOS CORPORATION
3590 N.W. 60TH STREET
MIAMI, FL 33142**

**DO NOT WRITE
IN THIS SPACE**

6. 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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**1100000431245
02/23/06-80018-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ZIMMERMANN, KAREL**
STREET ADDRESS **1941 OLD CUTHBERT ROAD**
CITY-ST-ZIP **CHERRY HILL, NJ 08043**

TITLE **S**
NAME **VANTHOURNOUT, BERTRAND**
STREET ADDRESS **1941 OLD CUTHBERT ROAD**
CITY-ST-ZIP **CHERRY HILL, NJ 08043**

TITLE **T**
NAME **TRAP, PIETER**
STREET ADDRESS **1941 OLD CUTHBERT ROAD**
CITY-ST-ZIP **CHERRY HILL, NJ 08043**

TITLE **D**
NAME **VAN BELLE, EDDY**
STREET ADDRESS **1941 OLD CUTHBERT ROAD**
CITY-ST-ZIP **CHERRY HILL, NJ 08043**

TITLE **D**
NAME **DERIEMAER, PETER**
STREET ADDRESS **1941 OLD CUTHBERT ROAD**
CITY-ST-ZIP **CHERRY HILL, NJ 08043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Peter Trap**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2006 856-428-4300
Date Daytime Phone #