


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90064 003 \*\*\*150.00

<b>DOCUMENT # F37996</b>	
1. Entity Name <b>FRENCH BAKERY INSTITUTE &amp; EQUIPMENT CORP.</b>	

Principal Place of Business <b>2245 W FLAGLER P.O. BOX 350451 MIAMI FL 33135</b>	Mailing Address <b>2245 W FLAGLER P.O. BOX 350451 MIAMI FL 33135</b>
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**20022598**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>2245 W FLAGLER ST.</b>	3. Mailing Address <b>PO Box 350451</b>
Suite, Apt. #, etc. <b>MIAMI - FLA.</b>	Suite, Apt. #, etc. <b>MIAMI - FLA.</b>
City & State	City & State

Zip <b>33135</b>	Country <b>MIAMI DADE</b>	Zip <b>33135</b>	Country <b>MIAMI DADE</b>
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4. FEI Number <b>59-1805744</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>SANCHEZ, ORLANDO 2245 W FLAGLER MIAMI FL 33135</b>	7. Name and Address of New Registered Agent Name <b>ROSA M. GARCERAN DE VALL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2267 NW 14 ST.</b> City <b>MIAMI</b> FL Zip Code <b>33125</b>
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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 <i>Rosa M. Garcera de Vall</i> Signature, typed or printed name of registered agent and title if applicable	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANCHEZ, ORLANDO 2245 W FLAGLER ST MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCERAN DE VALL, ROSA 2267 NW 14 ST. MIAMI - FLA. 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Rosa M. Garcera de Vall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>3/14/05</b> Daytime Phone # <b>642-8484</b>