


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # K19295
1. Entity Name
LE BON PAIN, INC.



Principal Place of Business Mailing Address
% DANIELLE SARDOU **% DANIELLE SARDOU**
3840 SHIPPING AVENUE **3840 SHIPPING AVENUE**
MIAMI, FL 33146 **MIAMI, FL 33146**

DO NOT WRITE IN THIS SPACE



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0049598 Not Applicable

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

6. Name and Address of Current Registered Agent
SARDOU, DANIELLE
2711 SAN DOMINGO
CORAL GABLES, FL 33146

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SARDOU, SEBASTIEN
STREET ADDRESS	2711 SAN DOMINGO ST
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	SARDOU, DANIELLE
STREET ADDRESS	2711 SAN DOMINGO ST
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	P
NAME	SARDOU, RAPHAEL
STREET ADDRESS	5781 SW 53RD TERR
CITY-ST-ZIP	SOUTH MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000425060
02/18/06-80079-008 150.00

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:  **RAPHAEL SARDOU** 2/08/06 305 446 3848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #