2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# L04000046215

Entity Name: LAS AMERICAS BAKERY OF ORLANDO, LLC

Current Principal Place of Business:

7101 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

7101 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 57-1208549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, SONIA
569 WECHSLER CIR.
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MM	( ) Delete
Name:	PEREZ, SONIA	
Address:	6102 BETH RD	
City-St-Zip:	ORLANDO, FL 32824	
Title:	M	( ) Delete
Name:	BARBOSA, ALEX	
Address:	14 EAST GATE RD	
City-St-Zip:	OLD WESTBURY, NY 11568	
Title:	M	( ) Delete
Name:	MUNOZ, LUZ	
Address:	9 ST ANDREWS CT	
City-St-Zip:	OLD WESTBURY, NY 11568	
Title:	M	( ) Delete
Name:	MADRUSA, JORGE	
Address:	18 EAST GATE RD	
City-St-Zip:	PORT WASHINGTON, NY 11050	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SONIA PEREZ MGRM 05/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date