


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000076586 1. Entity Name BAKERY CONSULTANTS INTERNATIONAL LLC	
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Principal Place of Business 201 S. BISCAYNE BLVD., SUITE 1500 (LAD) MIAMI, FL 33131	Mailing Address 201 S. BISCAYNE BLVD., SUITE 1500 (LAD) MIAMI, FL 33131
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01162007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., SUITE 1500 (LAD)
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARAJANO, EDUARDO 600 GRAPETREE DRIVE A-11 C NORTH KEY BISCAYNE, FL 33149
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**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

LUIS A. DE ARMAS

Author. Rep. 1/8/07 305-379-9114