2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004
Secretary of State

DOCUMENT# P02000073716

Entity Name: LE BON PAIN BAKERY & RESTAURANT, INC

Current Principal Place of Business:

1054 S E PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

1054 S E PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 56-2282050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILLARD + YARNELL PIERRE
2649 S E CLARETON TERRACE
PORT ST. LUCIE, FL 34952 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PIERRE, RUTH
Address: 2649 S E CLARETON TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGR ( ) Delete
Name: PIERRE, VILLARD
Address: 2649 S.E. CLARETON TERR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S ( ) Delete
Name: PIERRE, YARNELL
Address: 2649 SE CLARETON TERR
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VILLARD PIERRE MGR 10/01/2004

Electronic Signature of Signing Officer or Director Date