2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# P03000003131

Entity Name: LATINO CARIBBEAN BAKERY, INC.

Current Principal Place of Business:

4722 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33415

New Principal Place of Business:

4722 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33417

Current Mailing Address:

4722 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33415

New Mailing Address:

4722 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33417

FEI Number: 14-1864870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDACIER LAW OFFICES, LLC.
7771 W. OAKLAND PARK BLVD
SUITE 223
SUNRISE, FL 33341 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOUIS JEUNE, JEAN ROBLIN
Address: 4722 OKEECHOBEE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP ( ) Delete
Name: MAITRE, ODES L
Address: 4722 OKEECHOBEE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S ( ) Delete
Name: LOUIS JEUNE, MARIE ADELINE
Address: 4722 OKEECHOBEE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T ( ) Delete
Name: MAITRE, HILAINE C
Address: 4722 OKEECHOBEE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33415

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MAITRE HILAINE T 04/26/2009

Electronic Signature of Signing Officer or Director — Date