2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2011
Secretary of State

DOCUMENT# P03000003131

Entity Name: LATINO CARIBBEAN BAKERY, INC.

Current Principal Place of Business:

4722 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33417

New Principal Place of Business:

4722 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

4722 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33417

New Mailing Address:

4722 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33417 US

FEI Number: 27-1616488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAVALIER, DIACKAMANN
4722 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

MAITRE, HILAINE C
4722 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417 US

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: HILAINE MAITRE 02/26/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MAITRE, HILAINE
Address: 4722 OKEECHOBEE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33415 S

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

Title: S
Name: CAVALIER, DIACKAMANN
Address: 4722 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: HILAINE MAITRE P 02/26/2011
Electronic Signature of Signing Officer or Director Date