

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90049 025 \*\*\*150.00

<b>DOCUMENT # P03000023359</b> 1. Entity Name <b>INTERNATIONAL PASTRIES INC</b>					
Principal Place of Business <b>8777 N.W. 50ST UNIT #11 LAUDERDALE, FL 33351</b>			Mailing Address <b>8777 N.W. 50ST UNIT #11 LAUDERDALE, FL 33351</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03072004 Chg-P CR2E034 (10/03)  4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">#48-1302591</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 0.8em;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				66414727-----  	
6. Name and Address of Current Registered Agent <b>JARAMILLO, RICARDO 7000 S.W. 14 ST PEMBROKE PINES, FL 33023</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP JARAMILLO, RICARDO 7000 S.W. 14 ST PEMBROKE PINES, FL 33023		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV HOLGUIN, JUAN C 8777 N.W. 50ST UNIT #11 LAUDERDALE, FL 33351		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS ACOSTA, ALINA 7000 SW.14 ST- PEMBROKE PINES, FL 33023		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Alyna Acosta</i> <b>Alyna Acosta</b>			3/20/04 954 249 2343 305 644 5560		