


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000036642 1. Entity Name R.M. EUROPEAN BREAD BAKERY, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUL 25 AM 10:46

Principal Place of Business 3150 NE 190TH STREET APT. 106 AVENTURA, FL 33180	Mailing Address 1150 N.W. 72nd Ave. Suite 555 Miami, FL 33126
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2. Principal Place of Business 3040 N.E. 190th St. <small>Suite, Apt. #, etc.</small> 306	3. Mailing Address 1150 N.W. 72ND AVE. <small>Suite, Apt. #, etc.</small> 555	04022005 Chg-P CR2E034 (10/03)
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City & State Miami, FL.	City & State MIAMI, FL.	4. FEI Number 61-14677072
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Zip 33180	Country	Zip 33126	Country
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5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAMILAR, MARK A ESQ. 2821 SW 27TH AVENUE COCONUT GROVE, FL 33133
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7. Name and Address of New Registered Agent Name RonMarcus Street Address (P.O. Box Number is Not Acceptable) 3040 N.E. 190th St. #306 City Miami, FL Zip Code 33180

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 _____ DATE **5/1/05**

(NOTE: Registered Agent signature required when first-time filing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/S <input type="checkbox"/> Delete Ron Marcus 3040 N.E. 190th St. #306 Miami, FL. 33180-3149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 04/12/05 90137 027 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *Ron Marcus* DATE: **5/1/05** PHONE: **305-994-7533**

(NOTE: Signature and typed name of signing officer or director)