


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED <sup>PC</sup>

Apr 25, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # P04000036642</b> 1. Entity Name <b>R.M. EUROPEAN BREAD BAKERY, INC.</b>			
Principal Place of Business		Mailing Address	
3040 NE 190TH ST. APT. 306 MIAMI FL 33180		1150 NW 72ND AVENUE SUITE 555 MIAMI FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MARCUS, RON</b> <b>3040 NE 190TH ST. #306</b> <b>MIAMI FL 33080</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
4. FEI Number <b>NO-T APPLICABLE</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
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	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, RON	NAME	
STREET ADDRESS	3040 NE 190TH ST #306	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180-3149	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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>Ron Marcus</i>		Date: 4-18-06	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305-994-753	



1st MOORE CR2E034 (10/05)

4. FEI Number NO-T APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

SIGNATURE DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State

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SIGNATURE: *Ron Marcus* Date: 4-18-06 Daytime Phone #: 305-994-753