2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# P04000070014

Entity Name: LE CORDON BLEU RESTAURANT & TAKE-OUT, INC.

Current Principal Place of Business:

4521 W HALLANDALE BLVD
HALLANDALE, FL 33023

New Principal Place of Business:

Current Mailing Address:

4521 W HALLANDALE BLVD
HALLANDALE, FL 33023

New Mailing Address:

FEI Number: 86-1104120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AB CONSULTING & ACCOUNTING SERVICES, INC.
6237 MIRAMAR PARKWAY, 200
MIRAMAR, FL 33023 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: P ( ) Delete
Name: FIRMIN, FABIOLA
Address: 2813 BAHAMA DR
City-St-Zip: MIRAMAR, FL 33023

Title: VP ( ) Delete
Name: CHARLES, JEAN B
Address: 2813 BAHAMA DR
City-St-Zip: MIRAMAR, FL 33023

Title: T ( ) Delete
Name: FIRMIN, FRED
Address: 400 NE 1 ST STREET, 203
City-St-Zip: HALLANDALE, FL 33009

Title: VP ( ) Delete
Name: DESROSIERS, STONN
Address: 8550 N SHERMAN CIRCLE, 508
City-St-Zip: MIRAMAR, FL 33025

Title: SEC ( ) Delete
Name: FIRMIN, FAISSA
Address: 2813 BAHAMA DR
City-St-Zip: MIRAMAR, FL 33023

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FABIOLA FIRMIN P 04/29/2006

Electronic Signature of Signing Officer or Director — Date