


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90036 005 ***150.00

40034440



DOCUMENT # P05000014075					
1. Entity Name BLUE RIBBON BAKERY AND EATERY, INC. *****PLEASE DO NOT FILE THE DISSOLUTION**** SEE DIANE CUSHING					
Principal Place of Business 604 CASHIERS DRIVE WEST PALM BEACH, FL 33413			Mailing Address 604 CASHIERS DRIVE WEST PALM BEACH, FL 33413		
2. Principal Place of Business 5891 South Military Trail Suite, Apt. #, etc. A-6		3. Mailing Address 5891 South Military Trail Suite, Apt. #, etc. A-6		05262006 Chg-P CR2E034 (11/05)	
City & State Lake Worth, Florida		City & State Lake Worth, Florida		4. FEI Number 043814862	
Zip 33463		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, EDGAR 604 CASHIERS DRIVE WEST PALM BEACH, FL 33413			7. Name and Address of New Registered Agent Name Edgard Lopez Street Address (P.O. Box Number is Not Acceptable) 5891 South Military Trail, A-6 City Lake Worth FL Zip Code 33463		
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 obligation of registered agent.					
SIGNATURE Edgard Lopez DATE 5-26-06 <small>(Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SMITH, EDGAR 604 CASHIERS DRIVE WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OIP Lopez, Edgard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5891 South Military Trail, Suite A-6 Lake Worth, FL 33463		
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		
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 exemptions contained 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 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: Edgard Lopez DATE 5-26-06 (761) 252-9966 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					