

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082082

FILED
Apr 28, 2006
Secretary of State

Entity Name: LEONORE PATISSERIE AND COFFEE SHOP, INC.

Current Principal Place of Business:

112 KENNEDY AVENUE
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

112 KENNEDY AVENUE
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 06-1748593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CARRION, LEONOR
112 KENNEDY AVE
INTERLACHEN, FL 32148 US

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: LEONOR CARRION

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARRION, LEONOR
Address: 112 KENNEDY AVENUE
City-St-Zip: INTERLACHEN, FL 32148

Title: SD () Delete
Name: RODRIGUEZ, LEONOR
Address: 112 KENNEDY AVENUE
City-St-Zip: INTERLACHEN, FL 32148

Title: T () Delete
Name: CARRION, ZAIDA
Address: 112 KENNEDY AVENUE
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Delete
Name: CARRION, JOSE L
Address: 112 KENNEDY AVENUE
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: CARRION, ZAIDA
Address: 114 KENNEDY AVENUE
City-St-Zip: INTERLACHEN, FL 32148

Title: T (X) Change () Addition
Name: CARRION, JOSE L
Address: 112 KENNEDY AVENUE
City-St-Zip: INTERLACHEN, FL 32148

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: LEONOR CARRION

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date