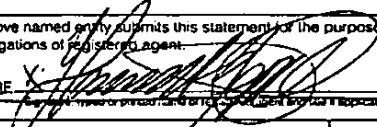
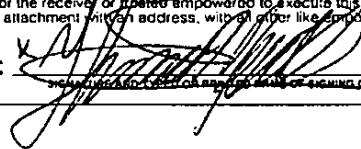


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-21-2006 90012 013 ***150.00

DOCUMENT # P05000164501					
1. Entity Name ARGEN PAN BAKERY & COFFEE, CORP.					
Principal Place of Business 527 NE 26TH STREET APT 1 MIAMI, FL 33137			Mailing Address 527 NE 26TH STREET APT 1 MIAMI, FL 33137		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3972567	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIGNONI, BEATRIZ L 527 NE 26TH STREET APT 1 MIAMI, FL 33137				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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: 2/11/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	OP	144 NE 27TH STREET			
	REPETTO, HUMBERTO A	MIAMI, FL 331374421			
	DVP	527 NE 26TH STREET APT 1			
	CIGNONI, BEATRIZ L	MIAMI, FL 33137			
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 an other like empowered.					
SIGNATURE: 				DATE: 2/11/06	
SIGNATURE OF VENDOR OR AGENT OR OTHER PERSON OR ENTITY				Daytime Phone #	

66007743



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