


**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90007 042 \*\*\*158.75

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P06000147305</b>			
1. Entity Name LITTLE HAITI FRESH PRODUCE & BAKERY INC.			
Principal Place of Business 1 N.W. 54TH ST. 5 MIAMI, FL 33127 US		Mailing Address P.O. BOX 510126 MIAMI, FL 33151	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04302007		Chg-P CR2E034 (12/06)	
4. FEI Number 743196020		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ISMAIL, TAYYAB T 16701 S.W. 63RD MANOR 5 S.W. RANCHES, FL 33331		Name ISMAIL, TAYYAB T Street Address (P.O. Box Number is Not Acceptable) 16701 S.W. 63RD MANOR City S.W. RANCHES FL Zip Code 33331	
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: <i>Tayyab Ismail</i>		DATE: 04-30-2007	
Signature of principal name of registered agent and title if applicable.		(NOTE Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISMAIL, TAYYAB T 16701 S.W. 63RD MANOR S.W. RANCHES, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Tayyab Ismail</i>		TAYYAB ISMAIL 04-30-2007 (786)312-3594	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	