

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024381

Entity Name: CE BIEN HAITIAN BAKERY, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

361 1ST STREET SOUTH  
IMMOKALEE, FL 34142

## New Principal Place of Business:

316 1ST STREET SOUTH  
IMMOKALEE, FL 34142

## Current Mailing Address:

361 1ST STREET SOUTH  
IMMOKALEE, FL 34142

## New Mailing Address:

316 1ST STREET SOUTH  
IMMOKALEE, FL 34142

FEI Number: 26-2196897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAW OFFICES OF MARIC C. CAPITA, P.A,  
4801 S UNIVERSITY DRIVE  
STE 264  
DAVIE, FL 33328 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: CAPITA, MARIE J  
Address: 8205 PHOENICIAN COURT  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: MARIE J CAPITA

PST

05/01/2009

Electronic Signature of Signing Officer or Director

Date