


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000097106 1. Entity Name PETITE PASTEL, INC.	
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Principal Place of Business 139 NORTH COUNTY ROAD PALM BEACH, FL 33480	Mailing Address 139 NORTH COUNTY ROAD PALM BEACH, FL 33480
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04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0734273	Applied For <input type="checkbox"/> Not Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAULL, RICHARD J 12230 FOREST HILL BLVD. 110-Q WELLINGTON, FL 33414
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and filer (Applicant) (FIDLE, Registered Agent & filer are required when registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PERALTA, SONIA 8145 BRIDGEWATER COURT, APT. B LAKE CLARKE SHORES, FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/01/07-80133-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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 a, other like empowered.

SIGNATURE:

Sonia Peralta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 *S01-655-7995*
Date Date to Process