

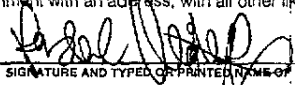


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000036747 1. Entity Name LE ROYAL BAKERY, INC.					
Principal Place of Business 7370 SW 57TH AVE. S. MIAMI, FL 33143		Mailing Address 7370 SW 57TH AVE. S. MIAMI, FL 33143			
DO NOT WRITE IN THIS SPACE					
				 01102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0749323		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VIVIES, PATRICK 700 E. DANIA BEACH BLVD., #202 DANIA, FL 33004				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS:				DO NOT WRITE IN THIS SPACE U00000322817 04/22/05-80028-021 150.00	
TITLE	D				
NAME	VEDEL, PASCAL				
STREET ADDRESS	7370 SW 57TH AVE.				
CITY - ST - ZIP	S. MIAMI, FL 33143				
TITLE	D				
NAME	VEDEL, DIDIER				
STREET ADDRESS	7370 SW 57TH AVE.				
CITY - ST - ZIP	S. MIAMI, FL 33143				
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		PASCAL VEDEL		04/20/05 305.665.6691	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	