

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90045 029 ***150.00

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1. Entity Name
 LAUDERDALE EDELWEISS PASTRY, INC.



Principal Place of Business
 2909 E COMMERCIAL BLVD
 FT LAUDERDALE, FL 33308 US

Mailing Address
 2800 E COMMERCIAL BLVD
 STE 208
 FT. LAUDERDALE, FL 33308 US

00010116



DO NOT WRITE IN THIS SPACE

02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0754935 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, ALLEN H
 2800 E COMMERCIAL BLVD
 STE 208
 FT LAUDERDALE, FL 33308

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PS
 NAME KOHLER, WILFRIED
 STREET ADDRESS 2909 E COMMERCIAL BLVD
 CITY- ST- ZIP FT LAUDERDALE, FL 33308

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

DO NOT WRITE IN THIS SPACE

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: *[Signature]* DATE: 2-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #