


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90072 024 \*\*\*150.00

<b>DOCUMENT # P98000057956</b>	
1. Entity Name <b>CROISSANT D'OR CORP.</b>	

Principal Place of Business <b>21 NE 3RD AVE MIAMI, FL 33132-2511</b>	Mailing Address <b>21 NE 3RD AVE MIAMI, FL 33132-2511</b>
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**50021127**



2. Principal Place of Business <b>202 S.E. 14th Street</b>	3. Mailing Address <b>202 S.E. 14th Street</b>
Suite, Apt. #, etc. <b>Local-Croissant D'Or</b>	Suite, Apt. #, etc. <b>Local-Croissant D'Or</b>
City & State <b>Miami FL.</b>	City & State <b>Miami FL.</b>
Zip <b>33132</b>	Country <b>USA</b>

20272005	Chg-P	CR2E034 (10/03)
4. FEI Number <b>65-0846664</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>
<b>SANTANA, ADILSON M 3309 NW 7 STREET MIAMI, FL 33125</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>Ana Castaneda</b>
Street Address (P.O. Box Number is Not Acceptable) <b>20225 N.E. 34th Court/Apt. 412</b>
City <b>FL. Miami</b> <b>FL</b> Zip Code <b>33180</b>

8. The above named entity submits this statement for the purpose of choosing 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 <b>Ana Castaneda (Manager)</b>	DATE <b>2/22/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD RIVERA, LUZ PATRICIA 18180 GENEVA CT., APT. #B419 MIAMI, FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager Ana Castaneda 20225 N.E. 34th Court 33180 FL. Miami</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Ana Castaneda</b>	Date <b>01.16.05</b>