


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90044 001 ***150.00
04-04-2008 90044 002 *****8.75

DOCUMENT # P98000057956	
1. Entity Name CROISSANT D'OR CORPORATION	

Principal Place of Business 202 SE 1TH STREET MIAMI, FL 33132-2511	Mailing Address 202 SE 1TH STREET MIAMI, FL 33132-2511
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66005796



2. Principal Place of Business - No P.O. Box # 202 SE 1th Street	3. Mailing Address 202 SE 1th Street
Suite, Apt. # etc. MIAMI FL 33132	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL 33132
Zip 33132	Country MIAMI

03112008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CASTANEDA, ANA 20225 NE 34TH COURT APT 412 MIAMI, FL 33180	
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4. FEI Number 65-0846664	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDES, ADILSON 202 SE 1 TH ST. MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTANEDA, ANA 20225 NE 34TH COURT MIAMI, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 all other like empowered.	
SIGNATURE Ana Castaneda	Date 04.01.08

305 358 5678