2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2006 08:00 AM DOCUMENT # V71661 **Secretary of State** 1. Entity Name FONTANE BAKERY, INC. Mailing Address Principal Place of Business 2057 N UNIVERSITY DRIVE CORAL SPRINGS, FL POMPANO BEACH FL 33071 US 2057 UNIVERSITY DR. CORAL SPRINGS FL 33071 3. Mailing Address 2. Principal Place of Business -do-- d o Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0366134 Not Applic. Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NG, YU KAI Street Address (P.O. Box Number is Not Acceptable) 2057 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33071 Zip Code City FL 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature. Typed or primed manne of registered agent and title a applicable DATE (NOTE Registered Agent signature required when reinstability) FILE NOW!!! FEE IS \$150.00 \$5.00 May Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fo Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 13 10. 11. ☐ Detate HILE ☐ Change ☐ ♣÷ TITLE NAME NG, YU KAI MAM STREET ADDRESS 1907 NW 51 ST. STREET ADDRESS U00000471794 City-ST-789 CITY-ST-ZIP POMPANO BEACH FL 03/29/06-80011-001 150.00 Change [☐ Delete TITLE TITLE MAME NAME NG, ANGELA F STREE! AUURESS STREET ADDRESS 907 N W 51ST CATY-ST-ZAP CITY-ST-ZIP POMPANO FL ☐ Change $\square \wedge$ TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP COY-ST-Z02 ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Defete DILE THE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the informindicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer of direction 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Myrmi

3/12/06 (954)344-62/0

FILED