

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90022 030 ***150.00

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1. Entity Name

DANONE FOODS, INC.

Principal Place of Business

120 WHITE PLAINS RD.
TARRYTOWN NY 10591

Mailing Address

5 DANNON TAX DEPT
120 WHITE PLAINS RD
TARRYTOWN NY 10591

2. Principal Place of Business

100 HILLSIDE AVE
Suite, Apt. #, etc.

3. Mailing Address

100 HILLSIDE AVE
Suite, Apt. #, etc.

City & State

WHITE PLAINS, NY

City & State

WHITE PLAINS, NY

Zip

10603

Country

USA

Zip

10603

Country

USA

4. FEI Number

11-2574006

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

CT CORPORATON SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	RAZZOUK, THEO	
STREET ADDRESS	120 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAQUELIN, FRANCOIS	
STREET ADDRESS	17 BLVD HAUSSMANN	
CITY-ST-ZIP	CELINA TX 75009	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KUNZ, THOMAS	
STREET ADDRESS	120 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY CICIO	
STREET ADDRESS	100 HILLSIDE AVE.	
CITY-ST-ZIP	WHITE PLAINS, NY 10603	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAQUELIN, FRANCOIS	
STREET ADDRESS	GROUPE DANONE 15 Rue du Helder	
CITY-ST-ZIP	75439 PARIS Cedex 09	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZ, THOMAS	
STREET ADDRESS	100 HILLSIDE AVE	
CITY-ST-ZIP	WHITE PLAINS, NY 10603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Besteiro	
STREET ADDRESS	100 HILLSIDE AVE.	
CITY-ST-ZIP	WHITE PLAINS, NY 10603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05

Date

Daytime Phone #