


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90394 019 \*\*\*150.00

**DOCUMENT # P04000109337**

1. Entity Name  
 THE COOKIE BANDIT, INC.



Principal Place of Business  
 11505 SW 85 AVENUE  
 MIAMI, FL 33156

Mailing Address  
 11505 SW 85 AVENUE  
 MIAMI, FL 33156

2. Principal Place of Business  
 16680 sw 84 court

3. Mailing Address  
 16680 sw 84 ct

Suite, Apt. #, etc.



03312006 Chg-P CR2E034 (11/05)

City & State  
 Palmetto Bay FL

City & State  
 Palmetto Bay FL

Zip  
 33157

Country  
 Miami, Dale

Zip  
 33157

Country  
 Miami, Dale

4. FEI Number  
 52-2444642

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

DOMINGUEZ, LISA  
 11505 SW 85 AVENUE  
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

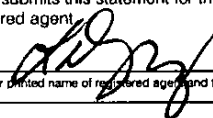
Name

Street Address (P.O. Box Number is Not Acceptable)  
 16680 sw 84 ct

City  
 Palmetto Bay FL

Zip Code  
 33157

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:  Lisa Dominguez 3/31/06

(NOTE: Registered Agent signature required when reinstating)

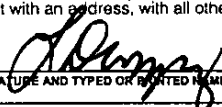
DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME DOMINGUEZ, LISA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 16680 sw 84 ct
STREET ADDRESS 11505 SW 85 AVENUE	CITY - ST - ZIP MIAMI, FL 33156	STREET ADDRESS PALMETTO BAY FL	CITY - ST - ZIP 33157
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

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:  3/31/06 305-378-9851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #