

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90100 016 ***150.00

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1. Entity Name
CENTRAL BROWARD DONUTS, INC.



Principal Place of Business
C/O DUNKIN DONUTS
7181 W. BROWARD BLVD
PLANTATION, FL 33316

Mailing Address
1405 S POWERLINE RD
POMPANO BCH, FL 33069

50011111



04092006 No.Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0648369

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNKIN DONUTS
1405 S. POWERLINE RD
POMPANO BCH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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

TITLE	P
NAME	FALLAH MOGHADDAM, MANOOCHHR
STREET ADDRESS	1405 S. POWERLINE RD
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	S
NAME	ZAHEDI, HAMED R.
STREET ADDRESS	19832 DINNER KEY DR.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/06

954 444-4326

Date Daytime Phone #