

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 858407

1. Entity Name
CINI-LITTLE INTERNATIONAL, INC.



Principal Place of Business
20250 CENTURY BLVD #100
GERMANTOWN, MD 20874

Mailing Address
20250 CENTURY BLVD #100
GERMANTOWN, MD 20874



07262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-0901393

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
CINI, JOHN C
8234 BUCKSPARK LANE WEST
POTOMAC, MD 20854

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EATON, WILLIAM V
214 MCKINSEY RD.
SEVERNA PARK, MD 21146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KOOSER, RONALD P
14330 HARTWELL TRAIL
NOVELTY, OH 44072

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
LITTLE, JAMES H
1690 E. CALIFORNIA BLVD.
PASADENA, CA 91106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STV
DOWLING, DIANE
20250 CENTURY BLVD #100
GERMANTOWN, MD 20874

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Diane Dowling
Vice President

9/7/04

301 528 9700