
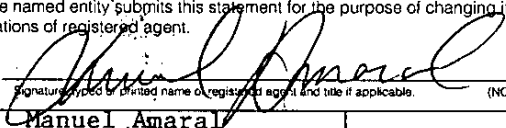
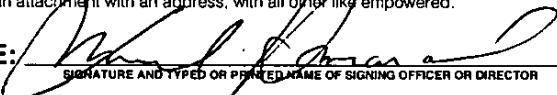


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90030 047 \*\*\*150.00

<b>DOCUMENT # G66578</b> 1. Entity Name <b>COCOA BEACH DONUTS, INC.</b>					
Principal Place of Business <b>C/O MANUEL AMARAL 5810 NORTH ATLANTIC AVE. COCOA BEACH, FL 32931</b>			Mailing Address <b>C/O MANUEL AMARAL 5810 NORTH ATLANTIC AVE. COCOA BEACH, FL 32931</b>		
2. Principal Place of Business <b>815 Pheasant Run Ct. West</b> Suite, Apt. #, etc.		3. Mailing Address <b>815 Pheasant Run Ct. West</b> Suite, Apt. #, etc.			
City & State <b>Port Orange, FL</b>		City & State <b>Port Orange, FL</b>		4. FEI Number <b>59-2338006</b>	
Zip <b>32127</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AMARAL, MANUEL 5810 NORTH ATLANTIC AVE. COCOA BEACH, FL 32931</b>				7. Name and Address of New Registered Agent Name <b>Manuel Amaral</b> Street Address (P.O. Box Number is Not Acceptable) <b>815 Pheasant Run Ct. West</b> City <b>Port Orange</b> <b>FL</b> Zip Code <b>32127</b>	
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:  DATE: <b>8/18/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>AMARAL, MANUEL</b> <b>5810 N ATLANTIC AVE</b> <b>COCOA BEACH, FL 32931</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>Manuel Amaral</b> <b>815 Pheasant Run Ct. West</b> <b>Port Orange, FL 32127</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			8/18/05 (386) 788.3784 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Manuel Amaral, President</b>					

**50064004**



08182005 Chg-P CR2E034 (10/03)