## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # K56076**

1. Entity Name

M & J DONUTS #3, INC.



**FILED** - Jan 26, 2005 08:00 AM Secretary of State

Principal Place of Business

% MARIANO SANTOS

95 N.W. 167 STREET N. MIAMI BEACH, FL 33169 Mailing Address

% MARIANO SANTOS 95 N.W. 167 STREET N. MIAMI BEACH, FL 33169



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 01212005

4. FEI Number 65-0133312

Applied For ✓ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, MARIANO 95 N.W. 167 STREET N. MIAMI BEACH, FL 33169

SIGNATURE:

## 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000196761 01/26/05-80079-019 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, MARIANO 95 N.W. 167 STREET N. MIAMI BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, JORGE 95 N.W. 167 STREET N. MIAMI BEACH, FL				
TATLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SY-ZIP					
TITLE 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.					