2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L87393

1. Entity Name
WEST PALM BEACH DONUTS, INC.

Principal Place of Business	Mailing Address
1301 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 US	1301 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 US

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0455624
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANUEL, ANDRADE S
53 ST THOMAS DR.
****
PALM BEACH GARDENS, FL 33418

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

H06000390979
01/24/06-80020-025 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDRADE, MANUEL S.
STREET ADDRESS	53 ST. THOMAS DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	V
NAME	RUBIANO, STEVEN C
STREET ADDRESS	108 VILLA BELLA
CITY-ST-ZIP	JUPITER, FL 334582728
TITLE	S
NAME	RUBIANO, SUSAN A
STREET ADDRESS	108 VILLA BELLA
CITY-ST-ZIP	JUPITER, FL 334582728
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Steven Rubiano 1/12/06 561-795-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #