JUL-20-2006 07:48 AM

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2006 8:00 am
Secretary of State
07-27-2006 90080 035 ****55.00

2005071 6

DOCUMENT # M05000000276

1. Entity Name
HAMILTON DONUTS, L.L.C.

Principal Place of Business	Mailing Address
3933 WADE STREET PISCATAWAY NJ 08854	3933 WADE STREET PISCATAWAY NJ 08854

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
30125 South Dixie HWY	← SAme
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead, FL.	City & State
Zip: 33033 / Country: MIAMI DADE	Zip / Country

4. FEI Number 22-3488955 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEROSSET, J.B. 9100 S DADELAND BLVD STE 512 MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORBIT, JAMES	NAME	
STREET ADDRESS	3933 WADE STREET	STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ 08854	CITY-ST-ZIP	
TITLE	MANAGer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOHAMED ELSHARKAWY	NAME	
STREET ADDRESS	18765 S.W 351 St.	STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL. 33034	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M S [signature] 7-21-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #