

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90002 013 ***150.00

DOCUMENT # P03000111206

1. Entity Name
POMPAÑO DONUTS, INC.



Principal Place of Business
**2770 W ATLANTIC BLVD
POMPAÑO BEACH, FL 33069**

Mailing Address
**C/O DUNKIN DONUTS/BASKIN ROBBINS
7135 WEST MCNAB ROAD
NORTH LAUDERDALE, FL 33068**

J4U17007



2. Principal Place of Business

3. Mailing Address

201 S.E. 15 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 212

03032004

Chg-P

CR2E034 (10/03)

City & State

City & State

DEERFIELD BEACH, FL

4. FEI Number

04-3779373

Applied For

Not Applicable

Zip

Country

Zip

Country

33441

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERREIRA, MICHAEL
C/O DUNKIN DONUTS/BASKIN ROBBINS
7135 WEST MCNAB ROAD
NORTH LAUDERDALE, FL 33068**

Name **LAWRENCE E. MULLINS, CPA**

Street Address (P.O. Box Number is Not Acceptable)

201 S.E. 15 TERRACE Suite 212

City

DEERFIELD BEACH FL

Zip Code

33441

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

Lawrence E. Mullins

LAWRENCE E. MULLINS ^{CPA} **3/5/04**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH J. FERREIRA
STREET ADDRESS	9381 N.W. MANOR
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES L. CUTLER
STREET ADDRESS	3320 WASHINGTON LN
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. FERREIRA
STREET ADDRESS	4120 STAGHORN LN
CITY-ST-ZIP	WESTON, FL 33331
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD L. CUTLER
STREET ADDRESS	6204 PARADISE POINT DRIVE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Edward L. Cutler* **EDWARD L. CUTLER** **3/2/04** **305-274-9274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #