2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111206

Address:

City-St-Zip:

6204 PARADISE POINT DRIVE

MIAMI, FL 33157

Entity Name: POMPANO DONUTS, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2770 W ATLANTIC BLVD POMPANO BEACH, FL 33069 **Current Mailing Address: New Mailing Address:** 201 S.E. 15 TERRACE 2770 W ATLANTIC BLVD SUITE 212 POMPANO BEACH, FL 33069 DEERFIELD BEACH, FL 33441 US FEI Number: 04-3779373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MULLINS, LAURENCE E CPA 201 S.E. 15 TERRACE SUITE 212 DEERFIELD BEACH, FL 33441 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FERREIRA, JOSEPH J Name: Name: 9381 N.W. MANOR Address: Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CUTLER, CHARLES L Name: 3320 WASHINGTON LN Address: Address: COOPER CITY, FL 33026 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition FERREIRA, MICHAEL J Name: Name: 4120 STAGHORN LN Address: Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: Title: () Delete Title: () Change () Addition CUTLER, EDWARD L Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL J. FERREIRA S 04/22/2009