

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144905

Entity Name: CINAD ENTERPRISES, INC.

FILED  
Apr 11, 2005  
Secretary of State

**Current Principal Place of Business:**

6407 NW 109TH AVE  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

6407 NW 109TH AVE  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 80-0082880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIANNINI, ADRIAN P  
6407 NW 109TH AVE  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: GIANNINI, ADRIAN P  
Address: 6407 NW 109TH AVE  
City-St-Zip: DORAL, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: FARACHE, CINDY  
Address: 6407 NW 109TH AVE  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ADRIAN GIANNINI

P

04/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date