

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000000605

1. Entity Name
CIRRUS CASHMERE, INC.



Principal Place of Business
**1330 WEST CITIZENS BLVD STE 602
LEESBURG, FL 34748**

Mailing Address
**1330 WEST CITIZENS BLVD STE 602
LEESBURG, FL 34748**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0104112

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POTAPOW, MICHAEL G
1330 WEST CITIZENS BLVD STE 602
LEESBURG, FL 34748**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
POTAPON, RICHARD J
409 HOPE STREET, SUITE F
STAMFORD, CT 06906**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVT
ALLEN, SCOTT
40 BRAYTON STREET
ENGLEWOOD, NJ 07631**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
FRISCIA, MARIA
1354 72ND STREET
BROOKLYN, NY 11228**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000179373
01/13/05-80015-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05

Date

352-728-6618

Daytime Phone #