


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 8:00 am
Secretary of State


01-13-2006 90044 004 ***150.00

DOCUMENT # P04000000605 1. Entity Name CIRRUS CASHMERE, INC.	
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Principal Place of Business 1330 WEST CITIZENS BLVD STE 602 LEESBURG, FL 34748	Mailing Address 1330 WEST CITIZENS BLVD STE 602 LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE

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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0104112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. 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**

9. 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 _____ (NOTE: Registered Agent signature required when re-electing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: M. Potapow 7/3/06 352-729-6618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
66000923

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2006

CIRRUS CASHMERE, INC.
1330 WEST CITIZENS BLVD STE 602
LEESBURG, FL 34748

Subject: **CIRRUS CASHMERE, INC.**

Reference Number: **P04000000605**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION