



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 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
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DO NOT WRITE IN THIS SPACE

	
01092007	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

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing - **\$5.00** May Be Added to Fees
Trust Fund Contribution.

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	

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02/06/07-80040-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 authority to be empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____