

**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**



01092007 No Chg-P CR2E034 (11/05)

**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 resigning)

DATE \_\_\_\_\_

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

9. Election Campaign Financing - ☐ **\$5.00 May Be  
Trust Fund Contribution. 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

U00000614664  
02/06/07-80040-012 150.00

**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 authority to be empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #