

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000030987

1. Entity Name
CIRRUS HOLDING CORP.



Principal Place of Business
6550 N. FEDERAL HWY
#510
FORT LAUDERDALE, FL 33308

Mailing Address
6550 N. FEDERAL HWY
#510
FORT LAUDERDALE, FL 33308



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0756603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOWENSTEIN, JERRY
6550 N. FEDERAL HWY
#510
FORT LAUDERDALE, FL 33308

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	LOWENSTEIN, JERRY
STREET ADDRESS	821 NE 9TH AVE
CITY - ST - ZIP	POMPANO BEACH, FL 33060

TITLE	VD
NAME	LOWENSTEIN, SUSAN
STREET ADDRESS	821 NE 9TH AVE
CITY - ST - ZIP	POMPANO BEACH, FL 33060

TITLE	TD
NAME	LOWENSTEIN, JERRY
STREET ADDRESS	821 NE 9TH AVE
CITY - ST - ZIP	POMPANO BEACH, FL 33060

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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03/03/06-80038-005 150.00

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #