

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90243 001 ***750.00

DOCUMENT # P04000050497

1. Entity Name
COOKIE MAN, INC.



Principal Place of Business
7425 NW 4TH ST.
PLANTATION, FL 33317

Mailing Address
7425 NW 4TH ST.
PLANTATION, FL 33317

66015097



04222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

208 S.W. DRAGONFLY CT
Suite, Apt. #, etc.

3. Mailing Address

208 S.W. DRAGONFLY CT
Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

4. FEI Number

20-1003219

Applied For

Not Applicable

Zip
32024

Country
BARBADOS

Zip
32024

Country
BARBADOS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIVETO, CHARLES M JR.
7425 NW 4TH ST.
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name JOHN ZARRELLA

Street Address (P.O. Box Number is Not Acceptable)

208 S.W. DRAGONFLY CT.

City LAKE CITY

FL

Zip Code 32024

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/05

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 D ☒ Delete
NAME DIVETO, CHARLES M JR.
STREET ADDRESS 7425 NW 4TH ST.
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR / PRESIDENT ☐ Change ☒ Addition
NAME JOHN ZARRELLA
STREET ADDRESS 208 SW DRAGONFLY CT
CITY-ST-ZIP LAKE CITY, FL 32024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

[Signature]

CHARLES M. DIVETO, JR., CPA, PA
CERTIFIED PUBLIC ACCOUNTANT

4/22/05

954-321-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

Date

Daytime Phone #

7425 NW 4TH STREET
PLANTATION, FLORIDA 33317