


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90296 001 \*\*\*476.25

|  |         |   |
|--|---------|---|
| DOCUMENT # P04000077521  |         |  |
| 1. Entity Name<br>SINBAD GLUE CORP.                                |         |   |
| Principal Place of Business<br>806 15TH AVE W<br>PALMETTO FL 34221 |         | Mailing Address<br>806 15TH AVE W<br>PALMETTO FL 34221                            |
| 2. Principal Place of Business - No P.O. Box #                     |         | 3. Mailing Address<br>PO Box 1688   |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |
| City & State   |         | City & State<br>Palmetto, FL  |
| Zip  | Country | Country<br>US   |
| 34220-1688   |         |   |



1st MOORE CR2E034 (10/06)

|  |  |                                |
|--|--|--------------------------------|
| 4. FEI Number 04-3790512   |  | Applied For                    |
|  |  | Not Applicable                 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | \$8.75 Additional Fee Required |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent        |  | 7. Name and Address of New Registered Agent        |          |
| MAFFEO, CYNTHIA<br>806 15TH AVE W<br>PALMETTO FL 34221 |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|  |  | City   |          |
|  |  | FL   | Zip Code |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---|---|---|
| TITLE                      | D<br>MAFFEO, CYNTHIA<br>806 15TH AVE W<br>PALMETTO FL 34221 <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Cynthia Maffeo Date: 4/24/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #