

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90285 027 \*\*\*158.75

**DOCUMENT # P04000103770**

1. Entity Name  
**DORIN TODIREANU, INC.**



Principal Place of Business  
**51 SELLERS PLACE N.W.  
FORT WALTON BEACH, FL 32548**

Mailing Address  
**51 SELLERS PLACE N.W.  
FORT WALTON BEACH, FL 32548**

**60025524**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-1229218**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TODIREANU, DORIN  
105 WRIGHT PKWY SW  
# 87  
FORT WALTON BEACH, FL 32548**

Name **TODIREANU DORIN**

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

**51 SELLERS PL. NW**

City **FORT WALTON BEACH FL** Zip Code **32548**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME TODIREANU, DORIN ☐ Delete  
STREET ADDRESS 1100 NE 1ST COURT #20  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE PS ☒ Change ☐ Addition  
NAME TODIREANU DORIN  
STREET ADDRESS 51 SELLERS PL. NW  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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: **Todireanu Dorin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/05/2006**  
Date

**8502444257**  
Daytime Phone #