

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000105703

1. Entity Name  
4 BISCUITS, INC



Principal Place of Business  
13506 SUMMERPORT VILLAGE PARKWAY  
#312  
WINTERMERE, FL 34786 US

Mailing Address  
13506 SUMMERPORT VILLAGE PARKWAY  
#312  
WINTERMERE, FL 34786 US

**FILED  
May 01, 2008 08:00 AM  
Secretary of State**



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3234502	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FIGUEROA, ALEX  
5330 SEGARI WAY  
WINTERMERE, FL 34786

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

000000940386  
05/28/08-80066-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME FIGUEROA, ALEX  
STREET ADDRESS 8250 CITRUS CHASE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE DIR  
NAME MCCABE, WILLIAM III  
STREET ADDRESS 421 WEST HARRISON AVE  
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

Alex Figueroa

Date

4/28/08 722 6240

407

Daytime Phone #