


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90042 017 ***150.00

DOCUMENT # P05000123231

1. Entity Name
 COTTON CAKES, INC.



Principal Place of Business Mailing Address
 2700 SW 103RD COURT 2700 SW 103RD COURT
 MIAMI, FL 33165 US MIAMI, FL 33165 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 234 NE 3rd Street 234 NE 3rd Street
 Suite, Apt. #, etc Suite, Apt. #, etc
 Apt #308 Apt. 308

City & State City & State
 miami FL miami, FL
 Zip Country Zip Country
 33132 33132



4. FEI Number Applied For
 20-3462076 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ENAMORADO, NURY
 2700 SW 103RD COURT
 MIAMI, FL 33165

7. Name and Address of New Registered Agent
 Name: Nury Enamorado
 Street Address (P.O. Box Number is Not Acceptable): 234 NE 3rd Street
 Apt. 308
 City: Miami FL Zip Code: 33132

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: *Nury Enamorado* DATE: 1/4/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Printed Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ENAMORADO, NURY	
STREET ADDRESS	2700 SW 103RD COURT	
CITY- ST- ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nury Enamorado	
STREET ADDRESS	234 NE 3rd Street Apt 308	
CITY- ST- ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 reports 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 empowerments.

SIGNATURE: *Nury Enamorado* Nury Enamorado DATE: 1/4/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #