

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90107 028 \*\*\*158.75

DOCUMENT # **P06000033281**

1. Entity Name

**MO DONUTS, INC.**



Principal Place of Business  
**30125 SOUTH DIXIE HWY  
HOMESTEAD FL 33033**

Mailing Address  
**3933 WADE STREET  
PISCATAWAY NJ 08854**

*RT 2 Hwy 51, Florida City FL.*

*3933 WADE ST Piscataway*

2. Principal Place of Business - No P.O. Box #  
**33034**

3. Mailing Address  
**08854**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**204467922**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

## 6. Name and Address of Current Registered Agent

**DEROSSET, JAMES B  
9085 SW 87TH AVE STE 201  
MIAMI FL 33176**

## 7. Name and Address of New Registered Agent

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

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, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **MORBIT, JAMES**  
STREET ADDRESS **3933 WADE STREET**  
CITY - ST - ZIP **PISCATAWAY NJ 08854**

TITLE **VSD** ☐ Delete  
NAME **ELSHARKAWY, MOHAMED**  
STREET ADDRESS **30125 SOUTH DIXIE HWY**  
CITY - ST - ZIP **HOMESTEAD FL 33033**

TITLE **TD** ☐ Delete  
NAME **FRICKE, DAVID**  
STREET ADDRESS **9 KEARNEY DRIVE**  
CITY - ST - ZIP **MILLTOWN NJ 08850**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition  
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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 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:

*J. P. Morbit* **JAMES P. MORBIT**

*2/7/07* **2/7/07**

*732-236-3702* **732-236-3702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #