

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # PO7000119779

1. Entity Name

CINFRED ENTERPRISES, CORP.



FILED

11 MAY 16 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3800 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

SUITE 406

3. Mailing Address

3800 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

SUITE 406

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD FL

4. FEI Number

26-1341686

Applied For

Not Applicable

Zip

33019

Country

Zip

33019

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name

Luis Perez

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

3800 SOUTH OCEAN DRIVE

City

HOLLYWOOD

FL

Zip Code

33019

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 Luis Perez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

05/11/11

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

ddassociates@live.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

NAME

Perez, Luis R.

STREET ADDRESS

3800 SOUTH OCEAN DRIVE

CITY - ST - ZIP

HOLLYWOOD, FL 33019

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

400207294774

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Luis Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/11

DATE

786-366-6887

Daytime Phone #

5/16/11