

# ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90018 005 \*\*\*150.00

<b>DOCUMENT # P95000012093</b>	
1. Entity Name <b>FERREIRA'S DONUTS, INC.</b>	
Principal Place of Business 7125 W OAKLAND PARK BLVD OAKLAND PARK, FL US	Mailing Address 7125 W. OAKLAND PARK BLVD LAUDERHILL, FL 33313 US
2. Principal Place of Business	3. Mailing Address <b>201 S.E. 15 TERRACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite # 212</b>
City & State	City & State <b>DEERFIELD BEACH, FL</b>
Zip	Country <b>USA</b>



01272004 Chg-P. CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>FERREIRA, JOSEPH</b> 931 NW 18 MANOR PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name <b>LAWRENCE E. MULLINS, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 S.E. 15TH TERRACE Suite #212</b> City <b>DEERFIELD BEACH FL</b> Zip Code <b>33441</b>	
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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 *Lawrence E. Mullins* **LAWRENCE E. MULLINS CPA** **3/5/04**  
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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD FERREIRA, JOSEPH 7125 W. OAKLAND PARK BLVD. LAUDERHILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FERREIRA, BARBARA 7125 W. OAKLAND PARK LAUDERHILL, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES L. CUTLER 3320 WASHINGTON LN COOPER CITY, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL J. FERREIRA 4120 STAGHORN LN WESTON, FL. 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARD L. CUTLER 6204 PARADISE POINT DR. MINN, FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edward L. Cutler* **EDWARD L. CUTLER** **1/26/04** **305-274-9274**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #