

ANNUAL REPORT

DOCUMENT # P99000023700

1. Entity Name
OAKLAND PARK DONUTS, INC.

Principal Place of Business
5141 S UNIVERSITY DRIVE
FORT LAUDERDALE, FL 33328-0000

Mailing Address
6204 PARADISE POINT DRIVE
MIAMI, FL 33157

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
201 S.E. 15 TERRACE
Suite 212
DEERFIELD BEACH, FL
33441 USA



01252004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0920883

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

6. Name and Address of Current Registered Agent

GRANT, MARK, ESQ.
C/O RUDEN, MCCLOSKEY
200 EAST BROWARD BLVD., 15TH FLOOR
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
LAWRENCE E. MULLINS, CPA

Street Address (P.O. Box Number is Not Acceptable)
201 S.E. 15 TERRACE Suite 212

City DEERFIELD BEACH FL Zip Code 33441

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
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CUTLER, CHARLES L	
STREET ADDRESS	3320 WASHINGTON LN	
CITY-ST-ZIP	COOPER CITY, FL 33026	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUTLER, EDWARD L MD	
STREET ADDRESS	6204 PARADISE POINT DRIVE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERREIRA, JOSEPH	
STREET ADDRESS	9381 NW 18 MANOR	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERREIRA, MICHAEL J	
STREET ADDRESS	4120 STAGHORN LN	
CITY-ST-ZIP	WESTON, FL 33331	
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	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" 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 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 Jr. EDWARD L. CUTLER, M.D. 1/26/04 305-774-9274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #