## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90016 016 ***150.00

DOCUMENT # S07917 1. Entity Name CINNAMUFFS, INC. Mailing Address Principal Place of Business 50000985 21030 WOODSPRING AVE 21030 WOOD SPRING AVE BOCA RATON, FL 33428 BOCA RATON, FL 33428 US US 2. Principal Place of Business 3. Mailing Address 7049 Veneto 7049 Veneto Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) Chg-P City & State Applied For City & State 4 FEI Number Bounton Floride 65-0230566 Not Applicable Zip\-ZipO Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 33437-*3*7 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name onohue DONOHUE, DENNIS Street Address (P.O. Box Number is Not Acceptable)
7049 Veneto Drive 21030 WOODSPRING AVE BOCA RATON, FL 33428 8. The above named entity submits this statement for the purpose of changing its registered office or (egistered 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PT ☑ Change ☐ Addition TITLE Delete TITLE Donohue, Dennis DONOHUE, DENNIS NAME NAME 7049 Veneto Drive 21030 WOODSPRING AVE STREET ADDRESS STREET ADORESS Boynton Bea 33437-374 BOCA RATON, FL CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete 4 Change DONOHUE, PATRICIA A NAME Donohwe 21030 WOODSPRING AVE 7049 Veneto STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL Boynton VP ☐ Delete TITLE Change ■ Addition TITLE Giaccotto GIACCOTTO, JOHN NAME NAME 2840 NE 14 Tr STREET ADDRESS 3405 N.E. 17TH WAY STREET ADDRESS Street Pampano Bea CITY-ST-ZIP FT LAUDERDALE, FL CITY-ST-7IP ☐ Delete THIE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Change Addition Delete TIT1 E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE!

369.