

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90297 007 ***150.00

DOCUMENT # V31076

1. Entity Name
CARTRIDGE CRAFTERS, INC.



Principal Place of Business Mailing Address
1301 W COPANS RD **1301 W COPANS RD**
SUITE D6 **SUITE D6**
POMPANO BEACH, FL 33064 US **POMPANO BEACH, FL 33064 US**

2. Principal Place of Business 3. Mailing Address
6601 LYONS ROAD **6601 LYONS ROAD**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE B-8 **SUITE B-8**

City & State City & State
COCONUT CREEK, FL **COCONUT CREEK, FL**

Zip Country Zip Country
33073 **33073**



04182006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0329143 Not Applicable

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

6. Name and Address of Current Registered Agent

FERRARO, DAVID T
10133 NW 66 DR
POMPANO BEACH, FL 33076

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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** ☐ Delete
NAME **FERRARO, DAVID T**
STREET ADDRESS **10133 NW 66 DR**
CITY-ST-ZIP **POMPANO BEACH, FL 33076**

TITLE **VP** ☐ Delete
NAME **FERRARO, MELODY**
STREET ADDRESS **10133 NW 66 DR**
CITY-ST-ZIP **PARKLAND, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Ferraro **DAVID FERRARO** 4-20-06 854-570-6139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #