

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023456

Entity Name: ADVENTURE CUTS, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

306 INDIAN TRACE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

2656 NELSON CT
WESTON, FL 33332

New Mailing Address:

FEI Number: 65-1140611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, FRANKEN D
8181 WEST BROWARD BLVD.
360
PLANTATION, FL 33324

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PLUTT, JACQUELINE L
Address: 2656 NELSON CT.
City-St-Zip: WESTON, FL 33332

Title: P () Delete
Name: PLUTT, JULIO
Address: 2656 NELSON CT
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO PLUTT

P

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date