

**Feb 08, 2000 8:00 a
Secretary of State**

02-08-2000 90173 022 ***150.00

DOCUMENT # P99000067461

1. Entity Name
CUTTING SOLUTIONS, INC.

Principal Place of Business Mailing Address
1101 S. ROGERS CIRCLE SUITE 2 **1101 S. ROGERS CIRCLE SUITE 2**
BOCA RATON FL 33487 **BOCA RATON FL 33487-2748**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0970993 Applied Not

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ABDALLAH, RICK
22484 MIDDLETOWN DRIVE
BOCA RATON FL 33428

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** Added to

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	President	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	RICK ABDALLAH			NAME			
STREET ADDRESS	1101 S. ROGERS CIRCLE - Suite 2			STREET ADDRESS			
CITY-ST-ZIP	Boca Raton, FL 33487			CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	Cheryl Abdallah			NAME			
STREET ADDRESS	1101 S. ROGERS CIRCLE - Suite 2			STREET ADDRESS			
CITY-ST-ZIP	Boca Raton, FL 33487			CITY-ST-ZIP			
TITLE	Vice-President	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	Sara Abdallah			NAME			
STREET ADDRESS	1101 S. ROGERS CIRCLE - Suite 2			STREET ADDRESS			
CITY-ST-ZIP	Boca Raton, FL 33487			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 11 or Block 12, changed, or on an attachment with an address with all other officers, directors, receivers, trustees, or agents empowered.

SIGNATURE: *Rick Abdallah* - **Rick Abdallah** **1-14-2000** **561-912**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #