

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90011 002 \*\*\*150.00

<b>DOCUMENT # 263649</b> 1. Entity Name <b>ACCURATE CUTTING SERVICE INC</b>			
Principal Place of Business <b>3475 NW 41ST ST.</b> <b>MIAMI, FL 33142</b>		Mailing Address <b>15202 SW 165 ST.</b> <b>MIAMI, FL 33187</b>	
2. Principal Place of Business <b>3475 NW 41 ST</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b> Zip <b>33142</b>		City & State <b>MIAMI FL</b> Zip <b>33187</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-0978661</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, TONY</b> <b>3475 NW 41ST ST.</b> <b>MIAMI, FL 33142</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u>ANN P FERNANDEZ SECY TREAS</u> <u>Ann P Fernandez</u> <u>8/19/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>FERNANDEZ, TONY</b> STREET ADDRESS <b>15202 SW 165 ST</b> CITY-ST-ZIP <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PRESIDENT</b> NAME <b>TONY FERNANDEZ</b> STREET ADDRESS <b>16600 GREENS EDGE CIRCLE #84</b> CITY-ST-ZIP <b>WESTON FLA 33326-2600</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>ST</b> NAME <b>FERNANDEZ, ANN</b> STREET ADDRESS <b>15202 SW 165 ST</b> CITY-ST-ZIP <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>SECY TREAS</b> NAME <b>ANN P. FERNANDEZ</b> STREET ADDRESS <b>16600 GREENS EDGE CIRCLE #84</b> CITY-ST-ZIP <b>WESTON FLA 33326-2600</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>FERNANDEZ, ANN</b> STREET ADDRESS <b>15202 SW 165 ST</b> CITY-ST-ZIP <b>MIAMI, FL</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ann P Fernandez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8/19/05</u> <u>305-635-2588</u> <u>OR</u> <small>Date Daytime Phone #</small>	

ANN P FERNANDEZ

954-389-3987