

JUL-12-2005 TUE 10:06 AM CONTADURIA VIDAL

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90079 033 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

20063718



07122005 Chg-P CR2E034 (10/03)

DOCUMENT # 301393					
1. Entity Name SIN RIVAL CUTLERY INC					
Principal Place of Business 1140 WEST FLAGLER ST MIAMI, FL 33130			Mailing Address 1140 WEST FLAGLER ST MIAMI, FL 33130		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1151592	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, JOSE JR 1140 WEST FLAGLER ST MIAMI, FL 33130				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 _____ Signature, typed or printed name of registered agent and like if applicable. (NOTE: Registered Agents signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	PT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GARCIA, JOSE JR		NAME		
STREET ADDRESS	2290 S.W. 19TH TER.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33146		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GARCIA, JOSE JR.		NAME		
STREET ADDRESS	2290 S.W. 19TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33146		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GARCIA, CARIDAD		NAME		
STREET ADDRESS	2290 S. W. 19 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			? PRESIDENT JOSE GARCIA 7-12-05 305-5455577		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		