

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 689805

FILED  
Jan 18, 2012  
Secretary of State

Entity Name: CUTTIN-LOOSE, INC.

**Current Principal Place of Business:**

523 N KROME AVE  
STE 1  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

525 N KROME AVE  
1  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 59-2033441      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NICOTRA, JULIE  
523 NO KROME AVE  
HOMESTEAD, FL 33030 US

**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

**OFFICERS AND DIRECTORS:**

Title: SDP  
Name: NICOTRA, JULIE  
Address: 523 N KROME AVE  
City-St-Zip: HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

SIGNATURE: JULIE NICOTRA

SDP

01/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date