2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90006 023 ***150.00

DOCUMENT # G69550

1. Entity Name
OLD CUTLER PROPERTIES, INC.

Principal Place of Business	Mailing Address
9130 S DADELAND BLVD STE 1101 MIAMI, FL 33156 US	9130 S DADELAND BLVD STE 1101 MIAMI, FL 33156 US

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2718417
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAMCHICK, BRUCE
TWO DATRAN CTR,9130 S DADELAND BLVD
STE 1101
MIAMI, FL 33155

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DK
NAME	LAMCHICK, BRUCE — TRUSTEE
STREET ADDRESS	9130 S DADELAND BLVD #1101
CITY-ST-ZIP	MIAMI, FL
TITLE	DP
NAME	JOSCELYN L. YOUNG-TENN
STREET ADDRESS	BOX 570052, MIA, FL 33257
CITY-ST-ZIP	
TITLE	DMT
NAME	FAY YOUNG-TENN.
STREET ADDRESS	BOX 570052 MIAMI, FL 33257
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 alteration with all other like empowered.

JOSCELYN YOUNG TENN.

SIGNATURE: _____ 4-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #