


**2007 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # G69550**  
1. Entity Name  
**OLD CUTLER PROPERTIES, INC.**



Principal Place of Business <b>9130 S DADELAND BLVD STE 1101 MIAMI, FL 33156 US</b>	Mailing Address <b>9130 S DADELAND BLVD STE 1101 MIAMI, FL 33156 US</b>
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2718417</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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**

**DO NOT WRITE IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR LAMCHICK, BRUCE 9130 S DADELAND BLVD #1101 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG-TENN, JOSECELYN L BOX 570052 MIAMI, FL 33257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOUNG-TENN, FAY BOX 570052 MIAMI, FL 33257
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/24/07-80045-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/19/07** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #