


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M13305 1. Entity Name P.C. CUTTING SERVICES, INC.	
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Principal Place of Business 1010 EAST 41ST STREET HIALEAH, FL 33013	Mailing Address 1010 EAST 41ST STREET HIALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEL Number 59-2522792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANEJA, PABLO A 1010 EAST 41ST STREET HIALEAH, FL 33013
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANEJA, PABLO A 1010 EAST 41ST STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANEJA, JR., PABLO A 1010 EAST 41ST STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CANEJA, ISABEL 1010 EAST 41ST STREET HIALEAH, FL 33013
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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)(f), 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: X *Pablo Caneja* PABLO A. CANEJA, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #