

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M13305

1. Entity Name
P.C. CUTTING SERVICES, INC.



Principal Place of Business
1010 EAST 41ST STREET
HIALEAH, FL 33013

Mailing Address
1010 EAST 41ST STREET
HIALEAH, FL 33013

2. Principal Place of Business - No P.O. Box #
7320 N.W. 36 AVE
Suite, Apt. #, etc.

3. Mailing Address
7028 W. 4 LANE
Suite, Apt. #, etc.

10232007 Chg-P CR2E034 (12/06)



4. FEI Number
59-2522792
Applied For
Not Applicable

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

City & State
MIAMI, FL 33147

City & State
HIALEAH, FL 33014

Zip
33147
Country
DADE

Zip
33014
Country
DADE

6. Name and Address of Current Registered Agent

CANEJA, PABLO A
1010 EAST 41ST STREET
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name
CANEJA, PABLO A.
Street Address (P.O. Box Number is Not Acceptable)
7028 W. 4 LANE
City
HIALEAH, FL 33014 FL Zip Code
33014

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CANEJA, PABLO A	
STREET ADDRESS	1010 EAST 41ST STREET	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CANEJA, JR., PABLO A	
STREET ADDRESS	1010 EAST 41ST STREET	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CANEJA, ISABEL	
STREET ADDRESS	1010 EAST 41ST STREET	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600111587266	
CITY-ST-ZIP	11/01/07--01042--007 **\$1.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P,VP, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANEJA, ISABEL	
STREET ADDRESS	7028 W. 4 LANE	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, without other like empowered.

SIGNATURE: Isabel Caneja 10-26-07 ISABEL CANEJA, PRES 305-696-3858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #