2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the received changed, or on an attachment v

SIGNATURE:

Jan 28, 2004 08:00 AM DOCUMENT # M52898 **Secretary of State** 1. Entity Name OLD CUTLER FLORIST AND PHOTOS, INC. Principal Place of Business Mailing Address C/O JESUS O. COURET 20283 OLD CUTLER RD MIAMI FL 33189 C/O JESUS O. COURET 20283 OLD CUTLER RD MIAMI FL 33189 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0034648 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COURET, JESUS O. 20283 OLD CUTLER RD Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33189 City Z_fp Code 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, lyped or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PVD Change ☐ Addition MILE ☐ Delete TITS F NAME COURET, JESUS O. NAME U00000018182 20283 OLD CUTLER RD STREET ADDRESS STREET ADDRESS 01/28/04-80123-024 ISO.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change SD ☐ Delete TITLE Addition TITLE COURET, IDELENA MAME NAME STREET ADDRESS 20283 OLD CUTLER RD STREET ADDRESS CHY-ST-ZP MIAMI FL CITY-SI-ZIP ☐ Celete 35**3**1 F Change Addition TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CRTY-ST-73P ☐ Change ☐ Delete TITLE Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ACCRESS CATY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MALE STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP is supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information nental report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director 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 an arbitress, with all other like empowered. I hereby certify that the information indicated on this report or supple

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1/26/04