


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90043 010 ***150.00

DOCUMENT # M52898 1. Entity Name OLD CUTLER FLORIST AND PHOTOS, INC.					
Principal Place of Business C/O JESUS O. COURET 20283 OLD CUTLER RD MIAMI, FL 33189 US			Mailing Address C/O JESUS O. COURET 20283 OLD CUTLER RD MIAMI, FL 33189 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0034648	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COURET, JESUS O. 20283 OLD CUTLER RD MIAMI, FL 33189			7. Name and Address of New Registered Agent Name <u>Idelena Couret</u> Street Address (B.O. Box Number is Not Acceptable) <u>20283 Old Cutler Rd</u> <u>20283 Old Cutler Rd</u> City <u>Cutler Bay</u> FL Zip Code <u>33189</u>		
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 obligation of registered agent. SIGNATURE <u>Idelena Couret</u> <u>Idelena Couret</u> <u>2/19/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST COURET, IDELENA 20283 OLD CUTLER RD MIAMI, FL 33185 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, with all other like empowered.					
SIGNATURE: <u>Idelena Couret</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/19/08</u> <u>(305) 255-1922</u> <small>Date Daytime Phone #</small>		

40030355



01192008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name Idelena Couret
 Street Address (B.O. Box Number is Not Acceptable) 20283 Old Cutler Rd
20283 Old Cutler Rd
 City Cutler Bay **FL** Zip Code 33189

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2/19/08 (305) 255-1922
Date Daytime Phone #