2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Sep 03, 2004 8:00 am DOCUMENT # N03000000059 Secretary of State 1. Entity Name 09-03-2004 90004 012 ****70.00 THE POTTER AND THE VESSEL, INC. Principal Place of Business Mailing Address 3401 N.W. 78 AVE. HOLLYWOOD FL 33024 3401 N.W. 78 AVE. HOLLYWOOD FL 33024 24083439 3. Mailing Address 2. Principal Place of Business NW 513 N.W ave MOORE CR2E037 (4/04) Hayse Applied For 4. FEI Number llanda Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3700 *33009* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUTIERREZ, JOSE #3 CEDAR STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33023 Zip 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition GUTIERREZ, JOSE NAME #3 CEDAR ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition RIVERA, ROSA D NAME NAME #3 CEDAR ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition SUAREZ, MIGUEL... NAME NAME Jose Morales 4264 S.W. 21ST ST. 7691 NW 325t STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33313 CITY-ST-ZIP CITY-ST-ZIP 3302¥ TITLE □ Defete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-ZIP TITLE ☐ Defete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

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