

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90128 012 ****61.25

DOCUMENT # N03000000059

1. Entity Name

THE POTTER AND THE VESSEL, INC.



Principal Place of Business
513 NW 2ND AVE
HOUSE
HALLANDALE FL 33009

Mailing Address
513 NW 2ND AVE
HOUSE
HALLANDALE FL 33009



2. Principal Place of Business

2359 Farragut St
Suite, Apt. #, etc.
1

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

Hollywood FL

City & State

Zip

33000

Country

Broward

Zip

Country

4. FEI Number

06-1667590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, JOSE
#3 CEDAR STREET
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name

JOSE Gutierrez

Street Address (P.O. Box Number is Not Acceptable)

513 N.W. 2nd Ave

House

City

Hallandale Beach

FL

Zip Code

33009

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

Jose Gutierrez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME GUTIERREZ, JOSE ☐ Delete
STREET ADDRESS #3 CEDAR ST
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE S
NAME RIVERA, ROSA D ☐ Delete
STREET ADDRESS #3 CEDAR ST
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE V
NAME MORALES, JOSE ☐ Delete
STREET ADDRESS 7691 NW 32 ST
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Jose Gutierrez - Jose Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 957-709-0242
Date Daytime Phone #