

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000000059**

1. Entity Name  
**THE POTTER AND THE VESSEL, INC.**



Principal Place of Business  
**2359 FARRAGUT ST #1  
HOLLYWOOD, FL 33020**

Mailing Address  
**513 NW 2ND AVE  
HOUSE  
HALLANDALE, FL 33009**



06082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  
517 NW 2 AVE  
HALLANDALE, FL 33009**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

*6/16/07*  
DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000766500  
06/20/07-80004-004 70.00**

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/10/07* *954-709.0247*  
Date Daytime Phone #