

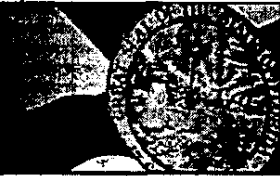
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90026 033 ***150.00

DOCUMENT # P00000007462 1. Entity Name CUTIE PIES, INC.			
Principal Place of Business 3952 194TH TRAIL SUNNY ISLES, FL 33160		Mailing Address 3952 194TH TRAIL SUNNY ISLES, FL 33160	
2. Principal Place of Business - No P.O. Box # 19900 E. COUNTRY CLUB Suite, Apt. #, etc. DRIVE 101 City & State AVENTURA, FL Zip 33180 Country U.S.A.		3. Mailing Address 19900 E. COUNTRY CLUB Suite, Apt. #, etc. DRIVE 101 City & State AVENTURA, FL Zip 33180 Country U.S.A.	
4. FEI Number 65-1045291		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDSTEIN, MICHELE 3952 194 TRAIL NORTH MIAMI BEACH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	D GOLDSTEIN, MICHELE 3952 194 TRAIL SUNNY ISLES, FL 33160 <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	S GOLDSTEIN, JUDITH 3952 194 TRAIL NORTH MIAMI BEACH, FL 33160 <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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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
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>Judith Goldstein</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>July 15, 2008</u> Date Daytime Phone #	

ATTACHMENT 40111469

FLORIDA DEPARTMENT OF STATE
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2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number P00000007462

Business Entity Name CUTIE PIES, INC.

Original File Date 01/24/2000

FEI Number 65-1045291

Principal Address ~~3952 194TH TRAIL~~
~~SUNNY ISLES, FL 33160~~

Mailing Address ~~3952 194TH TRAIL~~
~~SUNNY ISLES, FL 33160~~

Registered Agent MICHELE GOLDSTEIN
~~3952 194 TRAIL~~
~~NORTH MIAMI BEACH, FL 33160 US~~

Officer/Director Name And Address

D
MICHELE GOLDSTEIN
~~3952 194 TRAIL~~
~~SUNNY ISLES, FL 33160~~

S
JUDITH GOLDSTEIN
~~3952 194 TRAIL~~
~~NORTH MIAMI BEACH, FL 33160~~

- ☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes