

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/10/2005-90016-036-\$150.00-\$150.00

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DOCUMENT # P01000090619

1. Entity Name

CITY CUTS AND SPA, INC.



Principal Place of Business

9751 NW 41 ST
MIAMI FL 33178

Mailing Address

617 ALHAMBRA CIR
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1137880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDAZZO ELENA
617 ALHAMBRA CIR
CORAL GABLES FL 33134

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

Elena Randazzo

(NOTE: Signature of officer or director required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KENDRICK, GILBERT W
STREET ADDRESS 265 SOUTH FEDERAL HIGHWAY #282
CITY-STATE-ZIP DEERFIELD BEACH FL 33441

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

TITLE TD ☐ Delete
NAME RANDAZZO, ELENA
STREET ADDRESS 617 ALHAMBRA CIR
CITY-STATE-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 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:

Elena Randazzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

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Elena Randazzo
617 Alhambra Cir Coral Gables, FL 33134
305-910-1681

To Florida Department of State / Glenda E. Hood

Attention: Division of Corporations

Subject: City Cuts & Spa Inc.

Reference Number P01000090619

This letter is to inform your office that I never received the documentation stating that I was to mail in the business report along with the \$150.

I did receive the documentation after May and mailed in the form and the payment of \$150.

I am requesting that my corporation be cleared.

Please call me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Elena Randazzo". The signature is fluid and stylized, with the first name "Elena" being more prominent than the last name "Randazzo".

Elena Randazzo