

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011769

FILED
Sep 12, 2005
Secretary of State

Entity Name: CUT 2 SATISFY U LAWN CARE, INC.

Current Principal Place of Business:

3520 N W 170TH STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

3520 N W 170TH STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 04-3615852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DERRICK
3520 N W 170TH STREET
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: WILLIAMS, DERRICK
Address: 3520 N W 170TH STREET
City-St-Zip: MIAMI, FL 33056

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPRES () Change (X) Addition
Name: WILLIAMS, ARILICIA
Address: 3520 NW 170 STREET
City-St-Zip: MIAMI, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERRICK WILLIAMS

CEO

09/12/2005

Electronic Signature of Signing Officer or Director

Date