## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000064152

Entity Name: UPPER CUT PROPERTY MAINTENANCE INC.

FILED May 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12430 SW 259TH TERR 28241 SW 162 AVE HOMESTEAD, FL 33032 HOMESTEAD, FL 33033

Current Mailing Address: New Mailing Address:

12430 SW 259TH TERR P.O. BOX 971336 HOMESTEAD, FL 33032 PLOTE MIAMI, FL 33197

FEI Number: 56-2281185 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TURNER, GILBERT

12430 SW 259TH TERR

HOMESTEAD, FL 33032 US

KULIK, MICHELLE A
28241 SW 162 AVE
HOMESTEAD, FL 33033 US

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: MICHELLE ALEXANDRA KULIK 05/21/2006

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 TURNER, GILBERT
 Name:
 KULIK, MICHELLE A

 Address:
 12430 SW 259TH TERR
 Address:
 28241 SW 162 AVE

 City-St-Zip:
 HOMESTEAD, FL 33032
 City-St-Zip:
 HOMESTEAD, FL 33033

Title: PST (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KULIK, MICHELLE A
 Name:

 Address:
 12430 SW 259TH TERRACE
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33032
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHELLE ALEXANDRA KULIK D 05/21/2006