


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90025 010 \*\*\*150.00

DOCUMENT # P02000086110					
1. Entity Name CUTIE SHOES, INC.					
Principal Place of Business 4425 S.W. 115 AVE. MIAMI, FL 33165			Mailing Address 4425 S.W. 115 AVE. MIAMI, FL 33165		
2. Principal Place of Business 8341 N.W. 7 Street Suite, Apt. #, etc. Apt - 5-10 City & State Miami, Florida Zip 33126 Country E.O.					
3. Mailing Address 8341 N.W. 7 Street Suite, Apt. #, etc. Apt - 5-10 City & State Miami, Florida Zip 33126 Country E.O.					
03152004 Chg-P CR2E034 (10/03)				4. FEI Number 56-2290598 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  ORTIZ, JESUS M 4425 SW 115 AVE. MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Jesus M. Ortiz Street Address (P.O. Box Number is Not Acceptable) 8341 N.W. 7 Street Apt - 5-10 City Miami FL Zip Code 33126		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input 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	PVST ORTIZ, JESUS M 4425 SW 115 AVE. MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Ortiz, Jesus M. 8341 N.W. 7 Street Miami, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					