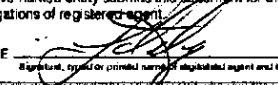
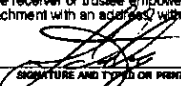


FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90058 014 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086110			
1. Entity Name CUTIE SHOES, INC.			
Principal Place of Business 8965 S.W. 11TH ST. MIAMI, FL 33174		Mailing Address 8965 S.W. 11TH ST. MIAMI, FL 33174	
2. Principal Place of Business 4425 SW 115 ave		3. Mailing Address 4425 SW 115 ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33165		Zip 33165	
Country USA		Country USA	
4. FEI Number 56-2290598		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, JESUS M 8965 S.W. 11TH ST. MIAMI, FL 33174		7. Name and Address of New Registered Agent JESUS ORTIZ Street Address (P.O. Box Number is Not Acceptable) 4425 SW 115 ave 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  DATE 3/10/03 (NOTE: Registered Agent Signature required when substituting)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ORTIZ, JESUS M 8965 S.W. 11TH ST. MIAMI, FL 33174 <i>new address</i>	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, JESUS M 8965 S.W. 11TH ST. MIAMI, FL 33174	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORTIZ, JESUS M PVST D 4425 SW 115 ave Miami, FL 33165	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address/will all other like empowered. SIGNATURE:  DATE 3/10/03 477-9640 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2EC34 (10/02)