


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Jul 26, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000110561  
1. Entity Name  
TIGGERS CUTTING, INC.



Principal Place of Business 2751 NE 26 TER. BOCA RATON, FL 33431	Mailing Address 2751 NE 26 TER. BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0535753	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PENA, RAFAEL  
2751 NE 26 TER.  
BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD PENA, RAFAEL 2751 NE 26 TER BOCA RATON, FL 33431
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07/26/04-80016-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rafael Pena  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-21-04 (561) 829-3743  
Daytime Phone #