


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90232 029 \*\*\*150.00

DOCUMENT # P03000081835		
1. Entity Name AYSEN KUTLUAY, P.A.		

Principal Place of Business 3680 N UNIVERSITY STE 3-F POMPAÑO BEACH, FL 33065	Mailing Address 900 E ATLANTIC BLVD STE 17 POMPAÑO BEACH, FL 33060
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40096196



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 739 E Atlantic Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pompano Beach FL	
Zip	Country	Zip	Country
		33060	US

01032008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0111399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STUPARITZ, ALAN D 900 E ATLANTIC BLVD, STE 17 POMPAÑO BEACH, FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 739 E ATLANTIC BLVD City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00.**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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	PST KUTLUAY, AYSEN 3680 EN UNIVERSITY DR B-F POMPAÑO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemptions contained 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 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: \_\_\_\_\_ Date: 04/01/08 Daytime Phone: \_\_\_\_\_