

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90383 030 ***150.00

DOCUMENT # P03000089175

1. Entity Name
V.I.P CUTS & FADEMASTERS, CORP.



Principal Place of Business

3029 SW 107 AVE
MIAMI, FL 33165

Mailing Address

3029 SW 107 AVE
MIAMI, FL 33165

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



01312007

Chg-P

CR2E034 (12/06)

4. FEI Number
80-0073409

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURREA, CARLOS
3029 SW 107 AVE
MIAMI, FL 33165

Name
LUIS CURREA

Street Address (P.O. Box Number is Not Acceptable)
3029 SW 107 AVE

City
MIAMI

FL

Zip Code 33165

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

Luis Currea

(NOTE: Registered Agent signature required when reappointing)

DATE

4/17/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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-STATE-ZIP
P
CURREA, CARLOS
3029 SW 107 AVE
MIAMI, FL 33165 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT
LUIS CURREA
3029 SW 107 AVE
MIAMI, FL. 33165 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
CURREA, NANCY
3029 SW 107 AVE
MIAMI, FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
JONATHAN A CURREA
3029 SW 107 AVE
MIAMI, FL. 33165 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
BRIAN G. VELEZ MANZANO
3029 SW 107 AVE
MIAMI, FL. 33165 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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:

Luis Currea

VP

4-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone