

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119490

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: CUTLER ELECTRICAL SERVICES, INC.

## Current Principal Place of Business:

22094 SW 88TH COURT  
MIAMI, FL 33190

## New Principal Place of Business:

22094 SW 88TH COURT  
CUTLER BAY, FL 33190 US

## Current Mailing Address:

22094 SW 88TH COURT  
MIAMI, FL 33190

## New Mailing Address:

22094 SW 88TH COURT  
CUTLER BAY, FL 33190 US

FEI Number: 20-0345361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, SHANNON M  
22094 SW 88TH CT  
MIAMI, FL 33190 US

## Name and Address of New Registered Agent:

SMITH, SHANNON M  
22094 SW 88TH CT  
CUTLER BAY, FL 33190 US

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.

SIGNATURE:

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SMITH, SHANNON M  
Address: 22094 SW 88TH CT  
City-St-Zip: MIAMI, FL 33190

Title: DV ( ) Delete  
Name: THOMPSON, BRIDGET E  
Address: 22094 SW 88TH CT  
City-St-Zip: MIAMI, FL 33190

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SMITH, SHANNON M  
Address: 22094 SW 88TH CT  
City-St-Zip: CUTLER BAY, FL 33190 US

Title: DV (X) Change ( ) Addition  
Name: THOMPSON, BRIDGET E  
Address: 22094 SW 88TH CT  
City-St-Zip: CUTLER BAY, FL 33190 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON M. SMITH

DP

01/29/2009

Electronic Signature of Signing Officer or Director

Date