

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90034 032 ***150.00

DOCUMENT # P04000000350

1. Entity Name
SHARPCUTS, INC.



Principal Place of Business
**C/O SILVA @ HOUND EARS CLUB
P.O. BOX 188
BLOWING ROCK, NC 28605**

Mailing Address
**C/O SILVA @ HOUND EARS CLUB
P.O. BOX 188
BLOWING ROCK, NC 28605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262005

Chg-P

CR2E034 (10/03)

4. FEI Number
20-0556841

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

**STEVEN SHEINFELD, P.A.
521 SOUTH ANDREWS AVENUE
SUITE 11
FORT LAUDERDALE, FL 33301**

Name
STUART C. WARDLAW, PA
Street Address (P.O. Box Number is Not Acceptable)
2929 E. COMMERCIAL BLVD
SUITE 501
City
FT. LAUDERDALE FL Zip Code
33308

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: *[Signature]* **CPA PA** **STUART C. WARDLAW, CPA PA** **7/29/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**D
SILVA, KENNETH A
P.O. BOX 188
BLOWING ROCK, NC 28605**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**D
SILVA, NINA J
P.O. BOX 188
BLOWING ROCK, NC 28605**

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

TITLE
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CITY-ST-ZIP
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* **Nina Silva** **7/27/05** **878-963-7508**
Signature and typed or printed name of signing officer or director Date Daytime Phone #