2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-11-2005 90144 023 ***150.00

DOCUMENT # P04000016993

1. Entity Name
SOUTHERN CUT, INC

Principal Place of Business	Mailing Address
8902 NW 171 LN MIAMI, FL 33018	8902 NW 171 LN MIAMI, FL 33018

03312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10199 N.W. 130 STREET	10199 N.W. 130 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH GARDENS, FL	City & State: HIALEAH GARDENS, FL
Zip: 33018 Country:	Zip: 33018 Country:

4. FEI Number 42-1629794 ☑ 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
SOCARRAS, LAZARA D 8902 NW. 171 LN MIAMI, FL 33018	Name: Street Address (P.O. Box Number is Not Acceptable): 10199 N.W. 130 STREET City: HIALEAH GARDENS, FL Zip Code: 33018

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	P SOCARRAS, JORGE A 8902 NW. 171 LN MIAMI, FL 33018 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10199 N.W. 130 STREET HIALEAH GARDENS, FL 33018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SOCARRAS, LAZARA D 8902 NW. 171 LN MIAMI, FL 33018 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10199 N.W. 130 STREET HIALEAH GARDENS, FL 33018
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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 all other like empowered.

SIGNATURE: ______________________ 4/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #