## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000053442

Entity Name: CUT & STYLE, INC.

**FILED** Apr 23, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

20505 SOUTH DIXIE HIGHWAY **SUITE 1691** MIAMI, FL 33189

**New Mailing Address: Current Mailing Address:** 

20505 SOUTH DIXIE HIGHWAY **SUITE 1691** MIAMI, FL 33189 US

FEI Number: 33-1088089 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FULCHER, NURIAM 6790 SW 34TH ST MIAMI, FL 33155

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

DULAC, DORA FULCHER, AGNES K Name: Name: 10832 SOUTHWEST 88TH STREET #U9 6790 SW 34TH STREET Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33155

Title: Title: PD (X) Change ( ) Addition () Delete

Name: FULCHER, NURIAM Name: FULCHER, NURIAM 6790 SOUTHWEST 34TH STREET Address: 6790 SW 34TH STREET Address: MIAMI, FL 33155 MIAMI, FL 33155 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete (X) Change ( ) Addition

FULCHER, AGNES K Name: DULAC, DORA Name:

6790 SOUTHWEST 34TH STREET 10832 SW 88TH STREET #U9 Address: Address:

City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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: NURIAM D. FULCHER PD 04/23/2007