2005_FOR_PROFIT_CORPORATION-ANNUAL REPORT (AR)

DOCUMENT # P04000073781

1. Entity Name

FILED Mar 07, 2005 8:00 am Secretary of State 02-01-2005 90040 018 ***150.00

CUTLER F	PAINTING, INC	•								
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Principal Place of Business N			Mailing Addres	Mailing Address				• •		
9167 SN 169 TER MIAMI FL 33157			9167 SW 169 TER MIAMI FL 33157			66003629				
	<u> </u>							mmi mu		
			3. Mailing Addr	Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1s	MOORE CR	R2E034 (10/04)		
City & State			City & State			4. FEI humber Applied For Not Applicable				
Zip Country		ity	Ζip	Zip Count		Certificate of Status Desired				
6. Name and Address of Current Regi			Registered Agent	red Agent			7. Name and Address of New Registered Agent			
N						B				
RAMIREZ, ABDIEL 9167 SW 169 TER MIAMI FL 33157					Street Address (P.O. Box Number is Not Acceptable)					
MIDIMITE 33131										
				_				FL Zip Co	de	
	named entity submittions of registered ag		r the purpose of cl	nanging its regist	ered office or registe	ered agent, or bo	ith, in the State of Florid	la. I am familiar wit	n, and accept	
SIGNATURE										
Signature, typed or printed represent agent and tale it applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							Election Campaigr Trust Fund Contrib		.00 May Be ded to Fees	
10.	2 days 1 and 2 days 10, 10, 10, 10,	OFFICERS AND	DIRECTORS	1	1.	ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11	
TITLE	Р				TLE			Change	Addition	
NAME	RAMIREZ, ABDIE				AME		•			
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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 trustoe 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.

CITY-ST-ZIP

CITY-ST-ZIP