

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082416

Entity Name: N.Y. CITY CUTS, INC.

FILED  
Apr 24, 2007  
Secretary of State

**Current Principal Place of Business:**

1306 NW 2ND AVE  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1306 NW 2ND AVE  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 75-3156855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LASTELLA, HALEY  
2760 NW 122ND AVE  
CORAL SPRINGS, FL 33065 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LASTELLA, HALEY  
Address: 2760 NW 122ND AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SEC ( ) Delete  
Name: LASTELLA, HALEY  
Address: 2760 NW 122ND AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HALEY LASTELLA

P

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date