

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Rec.
I call 67.

FILED
Jul 05, 2005 8:00 am
Secretary of State

06-22-2005 90077 029 ***158.75

DOCUMENT # F04000089479

1. Entity Name

THE CUT ABOVE OF HOLLYWOOD, INC.



Principal Place of Business

5904 W HALLANDALE BEACH BLVD
HOLLYWOOD FL 33023

Mailing Address

5904 W HALLANDALE BEACH BLVD
HOLLYWOOD FL 33023



2. Principal Place of Business

3160 MIRAMAR PARKWAY
Suite, Apt. #, etc.

3. Mailing Address

1931 NW 32 ST
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

HOLLYWOOD FLA

City & State

MIA FLA

4. FEI Number

60-1359524

Applied For

Not Applicable

Zip

33023

Country

BAHAMA

Zip

33142

Country

MIA-DANE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EACCOUNTANTSMALL.COM, LLC
2331 NE 5 AVE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROUSSEAU, RONY	
STREET ADDRESS	5904 W HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERRE, EDWICH	
STREET ADDRESS	5904 W HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONY ROUSSEAU	
STREET ADDRESS	6130 MIRAMAR PARKWAY	
CITY-ST-ZIP	HOLLYWOOD FLA 33023	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE EDWICH	
STREET ADDRESS	6130 MIRAMAR PARKWAY	
CITY-ST-ZIP	HOLLYWOOD FLA 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: RONY ROUSSEAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/13/05 (3052163310)