2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2005 90002 017 ***150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000097239

1. Entity Name
FLORENTA'S KUTZ, INC.

Principal Place of Business	Mailing Address
714 ATLANTIC SHORES BOULEVARD HALLANDALE, FL 33009	714 ATLANTIC SHORES BOULEVARD HALLANDALE, FL 33009

05122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
714 ATLANTIC SHORES BLVD	714 ATLANTIC SHORES BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HALLANDALE, FL.	City & State: HALLANDALE, FL.
Zip: 33020 Country: BROWARD	Zip: 33020 Country: BROWARD

4. FEI Number: 38-3704553 ☐ 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
PUNGILA, FLORENTA 714 ATLANTIC SHORES BOULEVARD HALLANDALE, FL 33009	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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	D PUNGILA, FLORENTA 714 ATLANTIC SHORES BOULEVARD HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUNGILA, EMANUEL 1517 PLUNKETT STREET HOLLYWOOD, FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	* Doc. Rejected in error on 9/6/05 for late fee — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ret. by P.O. as undeliv. — on 9/26 — Filed w/o penalty ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Emanuel Pungila Sr. EMANUEL PUNGILA 6/23/05 954 854-3748 CELL.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #