2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State
04-09-2007 90047 008 ***150.00

DOCUMENT # P06000032733

1. Entity Name
CARRANO'S CUTZ, INC.

Principal Place of Business	Mailing Address
1401 14TH AVENUE NORTH LAKE WORTH FL 33460 US	1401 14TH AVENUE NORTH LAKE WORTH FL 33460 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Carrano's Cutz	
Suite, Apt. #, etc. 2172 JOG RD.	Suite, Apt. #, etc.
City & State GREENACRES, Fl	City & State
Zip 33415 / Country Palm Bch	Zip / Country

4. FEI Number T20-4440208 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARRANO, ANITRA
1401 14TH AVENUE NORTH
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name N/A
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 Anitra Carrano Anitra Carrano 3-25-07
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, 2007 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	P	☐ Delete
NAME	CARRANO, ANITRA	
STREET ADDRESS	1401 14TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VP	☐ Delete
NAME	CARRANO, ROBERT	
STREET ADDRESS	1401 14TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Anitra Carrano Anitra Carrano 3-25-07 561-254-5128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #