## 2008°FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 08:00 AM Secretary of State

DOCUMENT # P94000035107  1. Entity Name ELEGANT CUTS, INC.						Secretary of Sta				
Principal Plac	ce of Business	'Ma	uling Address							
1020 S.W. 67TH AVE. MIAMI, FL 33144			1020 S.W. 67TH AVE.							
MIAMI, FL 33144 MIAMI, FL 33144						1 18444001 145 1				
2. Principal f	Place of Business - No P.O. Box #	3. 1	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04102008	Chg-P	CR2E03	4 (12/06)	
City & State			City & State		4. FEI Number 65-0490				pplied For ot Applicable	
Zip	Country		Zip Cour		ntry	5. Certificate of Status Desired S8.75 Ad Fae Require			ditional	
	6. Name and Address of Curre	nt Regist	ered Agent			7. Name and A	ddress of New R	egistered A	gent	
GONZALE	EZ. IBIS				Name					
1020 S.W. 67TH AVE. MIAMI, FL 33144					Street Address (P.O. Box Number is Not Acceptable)					
					City	<del>-</del>		FL	Zíp Cox	de .
8. The above	e named entity submits this statement	for the p	urpose of changing its	register	ed office or register	red agent, or both	, in the State of Flo		ımiliar with	, and accept
the obliga	tions of registered agent.									
SIGNATURE.	Signature, typed or printed name of registered again	int and title if	applicable. (NOT	E Registere	d Agent signature required	1 when reinstating)		DATE		
						·				
FIL After M	E NOW!!! FEE 18 \$150.00 lay 1, 2008 Fee will be \$550	0.00	9. Election Campa Trust Fund Con		· — • •	.00 May Be led to Fees				
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
T)TLE NAME	PTSD GONZALEZ, IBIS		☐ Delete	TITLI NAM	ſ				☐ Change	Addition
STREET ADDRESS	1020 S.W. 67TH AVE.				ET ADORESS					
CITY-ST-ZIP	MIAMI, FL 33144			CITY	-ST-ZIP					
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12. I hereby of indicated of the cor	certify that the information supplied we on this report or supplemental report poration or the receiver or trustee em	th this filir is true an powered	ng does not qualify fo ad accurate and that n to execute this report	r the exe ny signat as requir	imptions contained ure shall have the s ed by Chapter 607	i in Chapter 119. F same legal effect a ', Florida Statutes;	Horida Statutes, I is if made under o and that my name	rurther certify ath; that I am appears in I	r that the fi n an officer Block 10 o	ntormation or director r Block 11 if

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: \_

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

IBIS GONZALEZ

4-11-08

305-261-060C