2005 FOR PROFIT CORPORATION

Apr 15, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P96000005717 1. Entity Name A WONDERCUT CORPORATION Principal Place of Business Mailing Address 15904 SW 92ND AVE 15904 SW 92 AVE MIAMI, FL 33157 MIAMI, FL 33157 03112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0689222 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PENAGOS, CELESTE B DO NOT WRITE 11294 S.W. 155TH LANE MIAMI, FL 33157 IN THIS SPACE 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 it applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U000001308534 PENAGOS, JOSE R NAME 04/16/05-80001-012 150.00 11294 S.W. 155TH LANE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 D TITLE PENAGOS, CÉLESTE B NAME STREET ADDRESS 11294 S.W. 155TH LANE CITY-ST-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE

IN THIS SPACE

Daylime Phone #

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