


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90848 015 ***150.00

DOCUMENT # P96000087389	
1. Entity Name CUTLER FURNITURE CORP.	

Principal Place of Business 18844 S. DIXIE HWY. MIAMI, FL 33157	Mailing Address 18844 S. DIXIE HWY. MIAMI, FL 33157
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2. Principal Place of Business - No P.O. Box # 7495 W. 20 AVE	3. Mailing Address 7495 W. 20 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HALEAH, FL.	City & State HALEAH, FL.
Zip 33014	Country
Country	Zip 33014
Country	Country

04262007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0703154	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SHAIKH, ZIAUDDIN 9310 FONTAINEBLEAU BLVD. #A114 MIAMI, FL 33172	

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 S. J. ZIAUDDIN SHAIKH	DATE 4-27-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAIKH, ZIAUDDIN 9310 FONTAINEBLEU BLVD., #A114 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ARIF, MOHAMMED 9310 FONTAINEBLEU BLVD., #A114 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.	
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SIGNATURE: S. J. ZIAUDDIN SHAIKH	DATE 4-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	