

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000020563

1. Entity Name

JAZZIE CUT, INC.



Principal Place of Business

1384 SW 181 AVE.
PEMBROKE PINES FL 33029
US

Mailing Address

1384 SW 181 AVE.
PEMBROKE PINES FL 33029
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-0733076

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

MATHEWS, ANN-MARIE
1384 SW 181 AVE.
PEMBROKE PINES FL 33029

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MATHEWS, ANN-MARIE
STREET ADDRESS 1384 SW 181 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Change ☐ Addition
NAME U00000827257
STREET ADDRESS 02/21/08-80083-010 150.00
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MATHEWS, GEORGE
STREET ADDRESS 1384 SW 181 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Ann Marie Mathews ANN-MARIE MATHEWS

2/11/08

954 985 1757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Digitize Phone #