

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90016 002 ***150.00

DOCUMENT # P97000105527

1. Entity Name
OLD CUTLER LADY, INC.



Principal Place of Business
20405 OLD CUTLER ROAD
MIAMI, FL 33189 US

Mailing Address
13300 SW 128 STREET
MIAMI, FL 33186 US

94046243



DO NOT WRITE IN THIS SPACE

02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0801902 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALLADARES, ALEXANDER F
13300 SW 128 STREET
MIAMI, FL 33186

**DO NOT WRITE
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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME VALLADARES, ALEXANDER F
STREET ADDRESS 13300 SW 128 STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE T
NAME VALLAVARES, MIRNA
STREET ADDRESS 5048 SW 154TH CT.
CITY-ST-ZIP MIAMI, FL 33185

TITLE
NAME
STREET ADDRESS
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**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER VALLADARES
PRES.

3/30/04

Date

305-971-2050

Daytime Phone #