


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90066 016 ***150.00

DOCUMENT # P99000050540	
1. Entity Name BETTER CUT INC.	

Principal Place of Business 25700 SW 152 AVE HOMESTEAD, FL 33032	Mailing Address 25700 SW 152 AVE HOMESTEAD, FL 33032
--	--

14002000

2. Principal Place of Business		3. Mailing Address 27990 SW 160th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Homestead, FL	
Zip	Country	Zip 33031	Country USA



02022004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0966248		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERGSTRON, ROBERT W 25700 SW 152 AVE HOMESTEAD, FL 33032		7. Name and Address of New Registered Agent	
		Name Bergstrom, Robert W.	
		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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing: Trust Fund Contribution... <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/03	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGSTROM, HENRY H 25700 SW 152 AVE HOMESTEAD, FL 33032 <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	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Henry H Bergstrom **4/10/04** **(305) 245-5007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #