2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P99000098170

Entity Name: CRAZY CUTS, INC.

Current Principal Place of Business:

1655 SW 107 AVE.
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

1655 SW 107 AVE.
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-1030433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARAN, FERNANDO S ESQ.
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COEGO, NELIDA
Address: 4460 SW 2 ST
City-St-Zip: MIAMI, FL 33134

Title: VD ( ) Delete
Name: RIVERA, OSCAR
Address: 7010 NW 186 ST #312
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: MARTINEZ, JOSE
Address: 1655 SW 107 AVE.
City-St-Zip: MIAMI, FL 33165

Title: S ( ) Delete
Name: RUIZ, EMMA ESPERANZA
Address: 7010 NW 186 ST #312
City-St-Zip: MIAMI, FL 33015

Title: T ( ) Delete
Name: MARTINEZ, CATHERINE
Address: 1655 SW 107 AVE.
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELIDA COEGO P 04/30/2004

Electronic Signature of Signing Officer or Director — Date