

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000098170

Entity Name: CRAZY CUTS, INC.

FILED  
Sep 12, 2008  
Secretary of State

## 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 ( )

## 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:

TORRES, LISSET  
1655 SW 107 AVE  
MIAMI, FL 33165 US

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: LISSET TORRES

09/12/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: TORRES, LISSET  
Address: 1655 SW 107 AVE  
City-St-Zip: MIAMI, FL 33165

Title: VD (X) Change ( ) Addition  
Name: ALFONSO, EMMA C  
Address: 1655 SW 107 AVE  
City-St-Zip: MIAMI, FL 33165

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 exemption stated 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 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: LISSET TORRES

PSTD

09/12/2008

Electronic Signature of Signing Officer or Director

Date