

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25842

Entity Name: RAZOR'S EDGE, INC.

FILED  
Apr 08, 2005  
Secretary of State

**Current Principal Place of Business:**

C/O BRUCE S. ROSENWATER  
1601 FORUM PLACE SUITE 1200  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BRUCE S. ROSENWATER  
1601 FORUM PLACE SUITE 1200  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 59-2622455      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSENWATER, BRUCE S  
1601 FORUM PLACE  
SUITE 1200  
WEST PALM BEACH, FL 33401 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: PD ( ) Delete  
Name: POINTE, BARBARA A.,  
Address: 10800 NO. MILITARY TR. #110  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: STD ( ) Delete  
Name: POINTE, ROBERT E.,  
Address: 165 LAKE GLORIA DR.  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BARBARA A. POINTE

PD

04/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date