


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000089633**  
 1. Entity Name  
 THE CUTTING EDGE OF PEMBROKE PINES, INC.



Principal Place of Business: 12562 PINES BLVD. PEMBROKE PINES, FL 33027  
 Mailing Address: 12562 PINES BLVD. PEMBROKE PINES, FL 33027

**DO NOT WRITE IN THIS SPACE**



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1647569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOPEZ, RAUL R  
 7950 N.W. 155TH STREET  
 SUITE 206  
 MIAMI LAKES, FL 33016

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULNES, MARITZA 12562 PINES BLVD. PEMBROKE PINES, FL 33027
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 04/17/07-80073-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Date Daytime Phone #