


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 Mailing Address
 12562 PINES BLVD. 12562 PINES BLVD.
 PEMBROKE PINES, FL 33027 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"/>	\$8.75 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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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 # _____