


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 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**



03222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1647569**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

**LOPEZ, RAUL R**  
**7950 N.W. 155TH STREET**  
**SUITE 206**  
**MIAMI LAKES, FL 33016**

**DO NOT WRITE IN THIS SPACE**

**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 renouncing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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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U00000870453  
 04/03/08-80092-010 150.00

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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: **3-24-08** Daytime Phone #: **954-4330366**