

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M25842

**Entity Name:** RAZOR'S EDGE, INC.

**Current Principal Place of Business:**

C/O BRUCE S. ROSENWATER  
1601 FORUM PLACE SUITE 610  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

C/O BRUCE S. ROSENWATER  
1601 FORUM PLACE SUITE 610  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 59-2622455

**Certificate of Status Desired:** No

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

ROSENWATER, BRUCE S  
C/O BRUCE S. ROSENWATER  
1601 FORUM PLACE SUITE 610  
WEST PALM BEACH, FL 33401 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name POINTE, BARBARA A.  
Address 165 LAKE GLORIA DR.  
City-State-Zip: WEST PALM BEACH FL 33411

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

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT E. POINTE

STD

03/14/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date