

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 262311

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: THE SEA EDGE, INC.

**Current Principal Place of Business:**

2076 S OCEAN DR -A1A-  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

2076 S OCEAN DR -A1A-  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 59-1008940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROME, JAMES  
2076 S OCEAN DRIVE  
#402  
HALLANDALE, FL 33009 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: P ( ) Delete  
Name: FISCHER, ROBERT  
Address: 2076 S OCEAN DR # 707  
City-St-Zip: HALLANDALE, FL 33009

Title: VP ( ) Delete  
Name: ROME, JAMES  
Address: 2076 S OCEAN DR #402  
City-St-Zip: HALLANDALE, FL 33009

Title: T ( ) Delete  
Name: HERTZ, MARTIN  
Address: 2076 S OCEAN DR # 801  
City-St-Zip: HALLANDALE, FL 33009

Title: S ( ) Delete  
Name: ZAREMBA, VERA  
Address: 2076 S. OCEAN DR #808  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: LAPROTE, JOHN  
Address: 2076 S. OCEAN DR #703  
City-St-Zip: HALLANDALE, FL 33009

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated 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 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: RICHARD RABEN

CPA

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date