

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007085

FILED
Jun 17, 2010
Secretary of State

Entity Name: EDGE ZONES, INC.

Current Principal Place of Business:

47 N. E. 25TH ST.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 398356
MIAMI BEACH, FL 33239

New Mailing Address:

FEI Number: 20-2670180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OQUET, SAGRARIO
47 N.E. 25TH STREET
MIAMI, FL 33137 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

OFFICERS AND DIRECTORS:

Title: MS.
Name: OQUET, SAGRARIO
Address: 609 LENOX AVE. #4
City-St-Zip: MIAMI BEACH, FL 33139

Title: MR.
Name: SERRA, CHRISTIAN
Address: 600 NE 36TH ST. 916
City-St-Zip: MIAMI, FL 33137

Title: MS.
Name: KEDDELL, JACKSON T
Address: P.O. BOX 398356
City-St-Zip: MIAMI BEACH, FL 33239

Title: MR.
Name: MCCRAW, DOUGH
Address: 508 NW 1ST. AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MR.
Name: MORETA, RICHARD MARC
Address: 1229 EUCLID AVE. UNIT 11
City-St-Zip: MIAMI BEACH, FL 33139

Title: MS.
Name: HUERTAS, JOSEFINA
Address: 10 NW 87 AVE. #B102
City-St-Zip: MIAMI, FL 33172

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAGRARIO OQUET

MS.

06/17/2010

Electronic Signature of Signing Officer or Director

Date