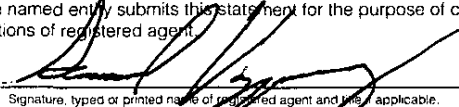
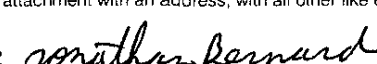


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90011 039 ***150.00

DOCUMENT # P02000036123 1. Entity Name SAM'S CUTTING EDGE, INC.					
Principal Place of Business 4814 RED WILLOW AVE ORLANDO FL 32808				Mailing Address 4814 RED WILLOW AVE ORLANDO FL 32808	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6434 Fox Briar Trl. Suite, Apt. #, etc.			
City & State Orla		City & State orlando FL.		4. FEI Number 04-3661052	
Zip 32818		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, SAMUEL 842 DEKLEVA DR. APOPKA FL 32712				7. Name and Address of New Registered Agent Name Jonathan Bernard Street Address (P.O. Box Number is Not Acceptable) 6434 Fox Briar Trl. City orlando FL Zip Code 32818	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VAZQUEZ, SAMUEL 842 DEKLEVA DR. APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jonathan Bernard 6434 Fox Briar Trl orlando FL 32818	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				(321) 303-5659	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	