2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# P03000016115

Entity Name: RAZOR'S EDGE AUTO SALES INC.

Current Principal Place of Business:

5359 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

5359 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

New Mailing Address:

FEI Number: 01-0768064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LILIENTHAL, GIL
5359 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

LILIENTHAL, CHERI
5359 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 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: CHERI LILIENTHAL 05/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POUST, JONATHAN
Address: 4525 N MANDRAKE PT
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: VP (X) Delete
Name: POUST, BARBARA
Address: PO BOX 1348
City-St-Zip: HOMOSASSA, FL 34447 US

Title: CEO (X) Delete
Name: LILIENTHAL, GIL A
Address: 5359 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LILIENTHAL, CHERI
Address: 5359 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446 US

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: CHERI LILIENTHAL P 05/06/2009
Electronic Signature of Signing Officer or Director Date