## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 18, 2005 08:00 AM Secretary of State

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1. Entity Name 4 SHARP EDGES OF MIAMI, CORP.



Principal Place of Business

407 LINCOLN RD., STE. 500 MIAMI, FL 33139

Mailing Address

407 LINCOLN RD., STE. 500 MIAMI, FL 33139



## DO NOT WRITE IN THIS SPACE

07132005	No Chg-P	CR2E034 (10/03)	
			7

4. FEI Number Applied For Not Applied St. Certificate of Status Desired St. Certificate of Status Desired St. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

AYALA, VICENTE J 407 LINCOLN RD., STE. 500 MIAMI, FL 33139

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

·				IN	THIS SPACE
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	d office or i	egistered agent, or bo	oth, in the State of FlorIda. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent end to	tle if applicable. (NOTE, Registered	Agent signatur	e required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaign Finan Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PD AYALA, VICENTE J 1560 PENNY AVE., #2A MIAMI BEACH, FL 33139	ECTORS		<u> </u>	000000373399 07/18/05-80013-015 150.00
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP				·	
12. I hereby of indicated of the corphanged,	ertify that the information supplied with this on this report or supplemental port is true portion or the receiver or rustee empower or on an attachment with anyaddress, with	filing does not qualify for the exent and accurate and that my signature to the execute this report as required to the execute this report as required to the execute the execute that my signature that the execute the execute that the execute that the execute the execute the execute that the execute that the execute that the execute the execute the execute that the execute that the execute the execute the execute the execute that the execute that the execute the execute that the execute the execute the execute that the execute the execute the execute that the execute th	nption state ire shall haved by Chap	d in Section 119.07(3)( te the same legal effecter 607, Florida Statute	(i), Florida Statutes. I further certify that the information it as if made under oath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if

Ika empowered.

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR