
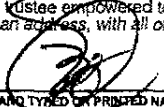


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000089633		
1. Entity Name THE CUTTING EDGE OF PEMBROKE PINES, INC.		
Principal Place of Business 12562 PINES BLVD. PEMBROKE PINES, FL 33027	Mailing Address 12562 PINES BLVD. PEMBROKE PINES, FL 33027	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LOPEZ, RAUL R 7950 N.W. 155TH STREET SUITE 206 MIAMI LAKES, FL 33016		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULNES, MARITZA 12562 PINES BLVD. PEMBROKE PINES, FL 33027	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  2/9/06. (352) 342-4534 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1647569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000425541
02/20/06-80005-011 8.75

U00000425541
02/20/06-80005-012 150.00