2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P06000029267** 07 MAY 17 AM 10: 57 CUTTING EDGE DEBRIS REMOVAL, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O.BOX 4568 P.O.BOX 4568 MIAMI BCH, FL 33141 MIAMI BCH, FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 05162007 Cha-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BRIL, LAWRENCE** Street Address (P.O. Box Number is Not Acceptable) 5975 SW 124TH ST PINECREST, FL 33156 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition 000103235170 05/25/07--01006--001 **30 NAME BRIL, LAWRENCE NAME STREET ADDRESS P.O.BOX 4568 STREET ADDRESS **300.00 CITY-ST-ZIP MIAMI BCH, FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS K. Eckel MAY 17 7007 CITY-ST-ZIP 12. I hereby certify that the information suppried with this filing does not quality 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 accupite 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 received or twistee empowered to execute his 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: AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davigos Phone