

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000048373

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** CUT ABOVE THE REST, INC

**Current Principal Place of Business:**

5420 NW 11TH STREET  
APT 305  
PLANTATION, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5994  
LIGHTHOUSE POINT, FL 33074

**New Mailing Address:**

**FEI Number:** 20-4563913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEONCE, CHRISTOPHER  
5420 NW 11TH STREET  
APT 305  
PLANTATION, FL 33313 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEONCE, CHRISTOPHER  
Address: 5420 NW 11TH STREET APT 305  
City-St-Zip: PLANTATION, FL 33313

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTOPHER LEONCE

P

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date