

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000054475

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: THE CUTTING EDGE HEALTH & FITNESS CENTER, INC.

## Current Principal Place of Business:

9306 NW 121 TERRACE  
HIALEAH GARDENS, FL 33018

## New Principal Place of Business:

18600 NW 87 AVENUE  
128  
MIAMI, FL 33015

## Current Mailing Address:

9306 NW 121 TERRACE  
HIALEAH GARDENS, FL 33018

## New Mailing Address:

18600 NW 87 AVENUE  
128  
MIAMI, FL 33015

FEI Number: 20-8994431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUNKLEY, LINDSAY  
14100 PALMETTO FRONTAGE RD  
SUITE 201  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

DELGADO, OSCAR J ESQ  
6135 NW 167 AVENUE  
SUITE E-16  
MIAMI LAKES, FL 33015 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: OSCAR J DELGADO

02/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MORRIS, EDWIN  
Address: 9306 NW 121 TERRACE  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: MORRIS, EDWIN  
Address: 9306 NW 121 TERRACE  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: S/D ( ) Change (X) Addition  
Name: DELGADO, OSCAR J  
Address: 16719 SW 54 CT  
City-St-Zip: MIRAMAR, FL 33027

Title: P/D ( ) Change (X) Addition  
Name: DELGADO, SINDY  
Address: 16719 SW 54 CT  
City-St-Zip: MIRAMAR, FL 33027

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: OSCAR J DELGADO

S/D

02/18/2009

Electronic Signature of Signing Officer or Director

Date