

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108511

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** CUTTING EDGE UNISEX, INC.

**Current Principal Place of Business:**

18870 NW 57 AVE  
307  
HIALEAH, FL 33015

**New Principal Place of Business:**

725 W 29 ST  
101  
HIALEAH, FL 33012

**Current Mailing Address:**

18870 NW 57 AVE  
307  
HIALEAH, FL 33015

**New Mailing Address:**

725 W 29 ST  
101  
HIALEAH, FL 33012

**FEI Number:** 42-1741880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PONCE, BILLY B  
18870 NW 57TH AVE APT 307  
HIALEAH, FL 33015 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PONCE, BILLY B  
Address: 18870 NW 57TH AVE APT 307  
City-St-Zip: HIALEAH, FL 33015

Title: VD  
Name: PONCE, JENIELEY E  
Address: 18870 NW 57TH AVE APT 307  
City-St-Zip: HIALEAH, FL 33015

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: BILLY PONCE

P

02/10/2012

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

\_\_\_\_\_  
Date