

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90308 009 ***150.00

DOCUMENT # P96000101645					
1. Entity Name SILVER EDGE, INC.					
Principal Place of Business 3015 GRAND AVE. STE. 218 MIAMI, FL 33133-5124			Mailing Address 3015 GRAND AVE. STE. 218 MIAMI, FL 33133-5124		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0716162	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEJANDRO D LONGOBARDI 3015 GRAND AVE. STE. 218 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when registering) Signature, typed or printed name of registered agent is a title. The applicable DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LONGOBARDI, ALEJANDRO D 3015 GRAND AVE., STE. 218 MIAMI, FL 331335124		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☒	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without, I am empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>3/8/05</u> (305) 445-1300 State Phone #		