

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062579

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: OVER THE EDGE PROPERTIES, INC.

## Current Principal Place of Business:

235 N.E. 25 STREET  
MIAMI, FL 33137 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 190999  
MIAMI BEACH, FL 33119 US

## New Mailing Address:

P.O. BOX 41-6657  
MIAMI BEACH, FL 33141 US

FEI Number: 65-0935860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUAREZ, OLGA  
235 N.E. 25 STREET  
MIAMI, FL 33137 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: PTD ( ) Delete  
Name: SUAREZ, JORGE  
Address: PO BOX 190999  
City-St-Zip: MIAMI BEACH, FL 33119

Title: VPSD ( ) Delete  
Name: SUAREZ, OLGA  
Address: PO BOX 190999  
City-St-Zip: MIAMI BEACH, FL 33119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: SUAREZ, JORGE  
Address: PO BOX 41-6657  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPSD (X) Change ( ) Addition  
Name: SUAREZ, OLGA  
Address: PO BOX 41-6657  
City-St-Zip: MIAMI BEACH, FL 33141

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: OLGA SUAREZ

VPSD

03/30/2009

Electronic Signature of Signing Officer or Director

Date