

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90004 009 ***150.00

DOCUMENT # S84240

1. Entity Name

OFFSHORE EDGE PRODUCTS, INC.



Principal Place of Business:

1380 N. KILLIAN DR.
STE 5
LAKE PARK FL 33403

Mailing Address

POST OFFICE BOX 14855
NORTH PALM BEACH FL 33408

54066992



MOORE

CR2E034 (4/04)

2. Principal Place of Business

1210 Gateway Drive

Suite, Apt. #, etc.

Ste 17

City & State

Lake Park, Florida

Zip

33404

Country

P. Beach

3. Mailing Address

P.O. Box 14855

Suite, Apt. #, etc.

City & State

North Palm Beach FL 33408

Zip

33408

Country

P. Beach

4. FEI Number

65-0291600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

- SALAZAR, SCOTT M
14326 ARDEL DR
PALM BEACH GARDENS FL 33410

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

Scott Salazar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

8/1/04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SALAZAR, SCOTT M
STREET ADDRESS 14326 ARDEL DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE VTD ☐ Delete
NAME SALAZAR, DOLORES
STREET ADDRESS 14326 ARDEL DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☐ Delete
NAME SALAZAR, MAURO G
STREET ADDRESS 14326 ARDEL DR
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Scott Salazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/04

Date

561 632-5292

Daytime Phone #