


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000094282
 1. Entity Name
 EDEN-ATLANTIC INC.



Principal Place of Business 3940 NE 8TH AVE OAKLAND PARK, FL 33334	Mailing Address 3940 NE 8TH AVE OAKLAND PARK, FL 33334
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1633663	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CHRISTODOULOU, PHILIPPE
 3940 NE 8TH AVE
 OAKLAND PARK, FL 33334

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

02/15/08-80070-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CHRISTODOULOU, PHILIPPE 3940 NE 8TH AVE OAKLAND PARK, FL 33334
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **PHILIPPE CHRISTODOULOU** 2/5/08 924 6482495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #