

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90190 048 ***150.00

DOCUMENT # P02000104625	
1. Entity Name EDRO PROPERTY INVESTMENTS, INC. ✓	

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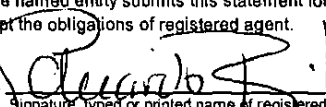
90089301

2. Principal Place of Business 18151 NE 31 CT Suite, Apt. #, etc. APT 1814 City & State AVENTURA, FL Zip 33160	3. Mailing Address 18151 NE 31 CT Suite, Apt. #, etc. APT 1814 City & State AVENTURA, FL Zip 33160
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DO NOT WRITE IN THIS SPACE	<table border="1" style="width:100%"> <tr> <td colspan="2">4. FEI Number 52-2383823</td> <td>Applied For ☐ Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired ☐</td> <td>\$8.75 Additional Fee Required</td> </tr> </table>	4. FEI Number 52-2383823		Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
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5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required					
7. Name and Address of Current Registered Agent							
Name DOMINGO ALONSO							
Street Address (P.O. Box Number is Not Acceptable) 301 ALMERIA AVENUE							
SUITE 103							
City CORAL GABLES		Zip Code FL 33134					

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

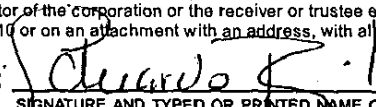
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	
NAME	EDUARDO RODRIGUEZ	NAME	
STREET ADDRESS	18151 NE 31 CT	STREET ADDRESS	
CITY - ST - ZIP	AVENTURA, FL 33160	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____