2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000028441

1. Entity Name

Principal Place of Business

MIAMI BEACH, FL 33139

1457 DREXEL AVENUE

EDELWEISS DEVELOPMENT CORP.



Mailing Address

1457 DREXEL AVENUE MIAMI BEACH, FL 33139

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



02042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2386489 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSKOWITZ, GREG 9100 S. DADELAND BLVD. SUITE 1000 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pulions of registered agent.	rpose of changing its regist	tered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	ot
SIGNATURE_	Signature, typed or prinled name of registered agent and trile if:	, MOTE Page			DATE	
	Signature, typed or printed name or registered agent and this tr.	appacatie. (NUTE: Hegist	saleo võeut sidustinu	required when reinstating)	DATE	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS		-;		\neg
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNICHELOTTO, EUGENIO 1457 DREXEL AVENUE MIAMI BEACH, FL 33139			, ,	000000819254 02/15/08-80078-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAVARY, RENEE 1457 DREXEL AVENUE MIAMI BEACH, FL 33139					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 sint 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 empty were of the statutes are under 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address—mit all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRE

17/08

305-923-125

Daytime Phone #