

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2008  
Secretary of State**

DOCUMENT# P98000066795

Entity Name: EDEN HOLDINGS COMPANY

**Current Principal Place of Business:**

9415 SW 144 STREET  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

9415 SW 144 STREET  
MIAMI, FL 33176 US

**New Mailing Address:**

FEI Number: 65-0861379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDEN, ADIB  
9415 SW 144 ST  
MIAMI, FL 33176 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: DPS ( ) Delete  
Name: EDEN, ADIB  
Address: 9415 SW 144 ST  
City-St-Zip: MIAMI, FL 33176

Title: DVP ( ) Delete  
Name: EDEN, NORMA  
Address: 9415 SW 144 STREET  
City-St-Zip: MIAMI, FL 33176

Title: NA ( ) Delete  
Name: NA,  
Address: NA  
City-St-Zip: NA, NA NA

Title: NA ( ) Delete  
Name: NA,  
Address: NA  
City-St-Zip: NA, NA NA

Title: NA ( ) Delete  
Name: NA,  
Address: NA  
City-St-Zip: NA, NA NA

Title: NA ( ) Delete  
Name: NA,  
Address: NA  
City-St-Zip: NA, NA NA NA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ADIB EDEN

P

04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date