

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S82946

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CAKE DESIGNS BY EDDA, INC.

**Current Principal Place of Business:**

4315 S.W. 72ND AVE.  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

4315 S.W. 72ND AVE.  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 65-0284174      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARTINEZ, EDDA  
4315 SW 72 AVE  
MIAMI, FL 33155      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: PST ( ) Delete  
Name: MARTINEZ, EDDA  
Address: 4315 SW 72 AVE  
City-St-Zip: MIAMI, FL 33155

Title: DVP ( ) Delete  
Name: SUSANA, BORJA  
Address: 4315 SW 72ND AVE  
City-St-Zip: MIAMI, FL 33155

Title: DT ( ) Delete  
Name: EDUARDO, MARTINEZ JR  
Address: 4315 SW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: DS ( ) Delete  
Name: CARLOS, MARTINEZ  
Address: 4315 SW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33155

**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:

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: EDDA MARTINEZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date