

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850344

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: EHDEN N.V.

**Current Principal Place of Business:**

2551 S FEDERAL HWY  
FORT PIERCE, FL 349825922 US

**New Principal Place of Business:**

2545 S FEDERAL HWY  
FORT PIERCE, FL 349825922 US

**Current Mailing Address:**

1320 S. DIXIE HWY.  
SUITE 214  
CORAL GABLES, FL 331462951 US

**New Mailing Address:**

FEI Number: 59-3667363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FRAGA, ALBERT J  
1320 S. DIXIE HWY  
SUITE 214  
CORAL GABLES, FL 331462951 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: D ( ) Delete  
Name: FRANGIEH-SAYEGH, MIC, HEL  
Address: CALLE LUIS ROCHE NO. 30  
City-St-Zip: CARACAS VENEZUELA,

Title: D ( ) Delete  
Name: DE SAYEGH, YVONNE,  
Address: CALLE LUIS ROCHE NO. 30  
City-St-Zip: CARACAS VENEZUELA,

Title: D ( ) Delete  
Name: SAYEGH, FOUAD  
Address: CALLE L ROCHE NO. 30  
City-St-Zip: CARACAS, VE

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERT J. FRAGA

RA

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date