

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850344

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: EHDEN N.V.

**Current Principal Place of Business:**

**New Principal Place of Business:**

2551 S FEDERAL HWY  
FORT PIERCE, FL 349825922 US

**Current Mailing Address:**

**New Mailing Address:**

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

FEI Number: 59-3667363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:**

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

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

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

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

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

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

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: ALBERT J. FRAGA

RA

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date