2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

		KEFOKI				Secretar	v of S
DOCUMENT # 171094 1. Entity Name				20		·	, 01 ~
EDGE CO	ORDAGE COMPANY, INC.					·	
Principal Plac	ce of Business	Mailing Address	1				
4000 N.W. 31ST AVE PO BOX 420944						,	
MIAMI, FL 3		MIAMI, FL 33242-0944 US					
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		et a same a		01152008	No Chg-P	CR2E034 (11/05	١
	O NOT WRITE	IN THIS SPA	CE :	4. FEI Numb			Applied For
				59-068		⊢	lot Applicable
ad the				5. Certificate	of Status Desired	☐ \$8.75 Ac Fee Requir	
	6. Name and Address of Current Re	gistered Agent	Prof. Co.	1. S		Apple of the second	**
EDGE, ZA	CKARY O	•		DΩ	NOT W	DITE	
4000 N.W. 31ST AVE MIAMI, FL 33142							
1911/A(911, 1°C	. 55142		. : 4	IN	THIS SF	PACE	
			31 . 194				36
	named entity submits this statement for the	ne purpose of changing its register	red office or re	gistered agent, or bo	oth, in the State of Fl	orida. I am familiar with	i, and accept
i ine oprigat	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	ed Agent signature	required when reinstating)		DATE	
		9. Election Campaign Fina	ncina	\$5.00 May Be			
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution				Added to Fees			
10. TITLE	OFFICERS AND DI	RECTORS	-				5)
NAME	EDGE, ZACKARY O					Carlos and an entire	
STREET ADDRESS	4000 N.W. 31ST AVE						· · ·
CITY-ST-ZIP	MIAMI, FL 33142						
TITLE NAME				زيور وأنه أن المسور المساور)795285	550 (800)
*STREET ADDRESS					i nivapvne	-80042±010′,1	30.00
CITY-ST-ZIP			_	e e e e e e e e e e e e e e e e e e e		Section in the second	e ^{v*} ,
TITLE NAME							**
STREET ADDRESS	·			D O	NOT VA	والمرابعة المساورة والمساورة	
CITY-ST-ZIP				, DO	NOT W	KILE	
TITLE				IN '	THIS SI	PACE	
NAME STREET ADDRESS			े अ				* **
CITY-ST-ZIP					Maria de la Companya		.t
TITLE			1		AND THE STREET	14. 34. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1	; • • • • • •
NAME STREET ADDRESS			,	Ann Ann		S. 42 S. S.	66

12. Thereby certify that the information supplied with this filing 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 and 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 empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

01.17.08

305 638 3343

Date

Daytime Ptione ≢