


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90096 013 \*\*\*158.75

<b>DOCUMENT # 601195</b> 1. Entity Name <b>EDSA, INC.</b>					
Principal Place of Business <b>% JOSEPH J. LALLI, PRESIDENT</b> <b>1512 EAST BROWARD BLVD., SUITE 110</b> <b>FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>% JOSEPH J. LALLI, PRESIDENT</b> <b>1512 EAST BROWARD BLVD., SUITE 110</b> <b>FORT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1265229</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LALLI, JOSEPH J</b> <b>1512 EAST BROWARD SUITE 110</b> <b>FORT LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SUTTON, GREGG</b> <b>925 S.W. 21 STREET</b> <b>FORT LAUDERDALE, FL 33315</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>C. DOUGLAS COOLMAN</b> <b>1911 BAYVIEW DRIVE</b> <b>FORT LAUDERDALE FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BEHLING, J. ROBERT</b> <b>821 SE 19TH STREET</b> <b>FORT LAUDERDALE, FL 33315</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LALLI, JOSEPH J.</b> <b>601 N. VICTORIA PARK ROAD</b> <b>FT. LAUDERDALE, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>SMITH, DOUGLAS C</b> <b>1701 NE 19TH STREET</b> <b>FORT LAUDERDALE, FL 33305</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MILLER, JOHN W</b> <b>4363 BENEDICTINE CIRCLE</b> <b>ORLANDO, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOT</b> <b>VENDRELL, JOAQUIN R</b> <b>1000 N.W. 161ST AVENUE</b> <b>PEMBROKE PINES, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>9, JAN 2008</b> Daytime Phone # <b>954-524-3236</b>		