## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 601195**

Entity Name: EDSA, INC.

FILED Feb 11, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** % JOSEPH J. LALLI, PRESIDENT 1512 EAST BROWARD BLVD., SUITE 110 FORT LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** % JOSEPH J. LALLI, PRESIDENT 1512 EAST BROWARD BLVD., SUITE 110 FORT LAUDERDALE, FL 33301 FEI Number: 59-1265229 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LALLI, JOSEPH J 1512 EAST BROWARD SUITE 110 FORT LAUDERDALE, FL 33301 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: ( ) Delete Title: () Change () Addition COOLMAN, C. DOUGLAS Name: Name: 1911 BAYVIEW DR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33305 City-St-Zip: VD Title: Title: () Delete () Change () Addition Name: BEHLING, J. ROBERT Name: 821 SE 19TH STREET Address: Address: FORT LAUDERDALE, FL 33315 City-St-Zip: City-St-Zip: Title: Title: PD ( ) Delete () Change () Addition LALLI, JOSEPH J. Name: Name: 601 N. VICTORIA PARK ROAD Address: Address: FT. LAUDERDALE, FL City-St-Zip: City-St-Zip: Title: COO ( ) Delete Title: () Change () Addition SMITH, DOUGLAS C Name: Name: Address: 1701 NE 19TH STREET Address: City-St-Zip: FORT LAUDERDALE, FL 33305 City-St-Zip: Title: VD Title: () Delete VD (X) Change ( ) Addition MILLER, JOHN W, Name: MILLER, JOHN W Name: 4363 BENEDICTINE CIRCLE Address: 4363 BENEDICTINE CIRCLE Address: City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL ( ) Delete Title: CFOT Title: () Change () Addition Name: VENDRELL, JOAQUIN R Name: 1000 N.W. 161ST AVENUE Address: Address: City-St-Zip: City-St-Zip: PEMBROKE PINES. FL

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: JOSEPH J. LALLI PD 02/11/2009