

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90393 001 ****61.25
 04-19-2007 90393 002 *****8.75

DOCUMENT # 757567 1. Entity Name EDGEWATER PLACE, INC.	
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Principal Place of Business 7740 ABBOTT AVE APT 3-A MIAMI BEACH FL 33141	Mailing Address C/O JOSE S FERREIRA 7740 ABBOTT AVE APT 3A MIAMI BEACH FL 33141
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0211560	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERREIRA, JOSE S 7740 ABBOTT AVE APT 3-A MIAMI BEACH FL 33141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  JOSE S. FERREIRA DATE 04-07-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

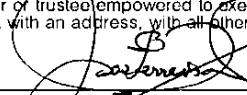
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	C PACKARD, SEYMOR <input checked="" type="checkbox"/> Delete 7740 ABBOTT AVE APT 5-B MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY ST ZIP	T FERREIRA, JOSE S <input type="checkbox"/> Delete 7740 ABBOTT AVE APT 3-A MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY ST ZIP	S TREACY, ERIN S <input checked="" type="checkbox"/> Delete 7740 ABBOTT AVE APT 3-B MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY ST ZIP	O EVERLY, CHARLENE D <input type="checkbox"/> Delete 7740 ABBOTT AVE APT 5-A MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY ST ZIP	VICE PRESIDENT ELIAS LORENZO <input type="checkbox"/> Delete 7740 ABBOTT AVE. APT 3-B MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY ORLANDO SAN ROMAN <input type="checkbox"/> Delete 7740 ABBOTT AVE. APT. 4-B MIAMI BEACH, FL 33141

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	V.P. NELLIS CARDERO <input type="checkbox"/> Change <input type="checkbox"/> Addition 7740 ABBOTT AVE. APT. 2-A MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 617, 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:  JOSE S. FERREIRA, TREASURER DATE 4/7/07 4-7-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #