


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F16261</b> 1. Entity Name <b>EDE MEDICAL CORPORATION</b>	
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Principal Place of Business <b>C/O ELIAS N EDE 1041 NE 93RD ST MIAMI SHORES, FL 33138</b>	Mailing Address <b>C/O ELIAS N EDE 1041 NE 93RD ST MIAMI SHORES, FL 33138</b>
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**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2081296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**EDE, ELIAS N  
1041 N.E. 93RD STREET  
MIAMI, FL 33138**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000838169 03/05/08-80017-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD EDE, ELIAS N 1041 N.E. 93RD STREET MIAMI SHORES, FL 33138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD ALOISE, DENISE E 185 NW 106 STREET MIAMI SHORES, FL 33150</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD EDE, ERNESTINE S 1041 NORTHEAST 93RD STREET MIAMI, FL 33138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Elias N. Ede, Pres 1.21.08 305-751-1530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #