


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G87140**  
 1. Entity Name  
 EDMA ENTERPRISES, INC.



Principal Place of Business      Mailing Address  
 224 SW 22ND AVE.      224 SW 22ND AVE.  
 MIAMI, FL 33135      MIAMI, FL 33135

**DO NOT WRITE IN THIS SPACE**



01092007    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-2357836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JORGE H. RAMOS, P.A.  
 150 ALHAMBRA CIRCLE  
 SUITE 1150  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARABOTTO, EDUARDO P 520 SW 24 RD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARABOTTO, EDUARDO J 420 SW 22 RD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARABATTO, MARIA V 4412 ALHAMBRA CIR CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000732331  
 05/09/07-80041-018 150.00

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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:       1-9-07 186-444-7502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #