

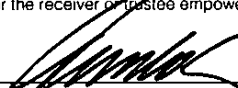


FILED
Apr 05, 2007 8:00 am
Secretary of State

60032558



DOCUMENT # L03000028293				04-05-2007 90028 043 ****50.00	
1. Entity Name EDMAR BUILDERS, LLC					
Principal Place of Business 1470 N.W. 107 AVENUE, SUITE C MIAMI, FL 33172 US		Mailing Address 1470 N.W. 107 AVENUE, SUITE C MIAMI, FL 33172 US			
2. Principal Place of Business - No P.O. Box # 9751 S.W. 35th Street Suite, Apt. #, etc.		3. Mailing Address 9751 S.W. 35th Street Suite, Apt. #, etc.		60032558 	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 41-2104932	
Zip 33165		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FAMADA, MARTHA M 1470 N.W. 107 AVENUE, SUITE C MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12550 Biscayne Blvd., #507 City Miami FL Zip Code 33181	
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAMADA, MARTHA M 1470 NW 107 AVE STE C MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12550 Biscayne Blvd., #507 Miami, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, EDUARDO 1470 NW 107 AVE STE C MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9751 S.W. 35th Street Miami, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			✓ 3/14/07 ✓ 305 296 9774		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		