


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90213 047 \*\*\*158.75

**DOCUMENT # M25820**

1. Entity Name  
**EDNAIR INC.**



Principal Place of Business  
**6825 VISITORS CIRCLE  
6825 VISITOR'S CIRCLE  
ORLANDO FL 32819  
US**

Mailing Address  
**6825 VISITORS CIRCLE  
6825 VISITOR'S CIRCLE  
ORLANDO FL 32819  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2652235** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHAN-MARTINEZ, JORGE  
6825 VISITOR'S CIRCLE  
ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
Name  
**ESTHER LUCIANO**  
Street Address (P.O. Box Number is Not Acceptable)  
**6825 VISITOR'S CIRCLE**  
City  
**ORLANDO** State **FL** Zip Code **32819**

8. The above named party 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 *Esther Luciano* DATE **3-4-03**  
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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>P</b> <b>LUZZI DE RIANDE, YOLANDA</b> <b>VIA ESPANA Y RICARDO ARIAS</b> <b>PANAMA 7, REP. DE PANAMA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RIANDE LUZZI, DOLORES</b> <b>VIA ESPANA Y RICARDO ARIAS</b> <b>PANAMA 7, REP. DE PANAMA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RIANDE DE VICTORIA, LUCIA</b> <b>VIA ESPANA Y RICARDO ARIAS</b> <b>PANAMA 7, REP. DE PANAMA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RIANDE, NOEL A</b> <b>VIA ESPANA Y RICARDO ARIAS</b> <b>PANAMA 7, REP. DE PANAMA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>DE ALVARADO, MAXINE L</b> <b>VIA ESPANA Y RICARDO ARIAS</b> <b>PANAMA 7, REP. DE PANAMA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 exemption stated in Section 19.07(3)(i), 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: *Esther Luciano* **FLUCTUANTE DE VICTORIA** DATE **10-2-2003**  
SIGNATURE AND TYPE OF POSITION OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)