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04 MAY -6 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
44036352

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000027080

1. Entity Name
EDGEWATER DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
8500 SW 8 ST. STE 218 MIAMI, FL 33144	8500 SW 8 ST. STE 218 MIAMI, FL 33144

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10200 NW 25 St	10200 NW 25 St
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.: 204
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33172 Country:	Zip: 33172 Country:

4. FEI Number: 65-0992177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, ULYSSES II
8500 SW 8 ST.
STE 218
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name: VAZQUEZ, ULYSSES II
Street Address (P.O. Box Number is Not Acceptable): 10200 NW 25 St.
Suite 204
City: Miami FL Zip Code: 33172

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRATS, DULCE 8500 SW 8 ST., SUITE 218 MIAMI, FL 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD PRATS, DULCE 10200 NW 25 St Ste 204 ~~Miami, Fl 33172~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PRATS, DUKE 8500 SW 8 ST., SUITE 218 MIAMI, FL 33144	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: [signature] 4-20-04 305-463-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #