FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066807

1. Entity Name

EWD INVESTMENT CORPORATION

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90431 029 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10521 Mahogany Key CIR	10521 Mahogany Key Circle
Suite, Apt. #, etc. 108	Suite, Apt. #, etc. 108
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33196 Country DADE	Zip 33196 Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1026434 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name WAVERTON D. DIXON

Street Address (P.O. Box Number is Not Acceptable) 10521 Mahogany Key CIR, #108

City MIAMI **FL** Zip Code 33196

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.

SIGNATURE [signature] 05/01/02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	WAVERTON D. DIXON
STREET ADDRESS	10521 Mahogany Key CIR, #108
CITY-ST-ZIP	MIAMI FL 33196
TITLE	VICE PRESIDENT
NAME	EL-ROY D. DIXON
STREET ADDRESS	10521 MAHOGANY Key CIR, #108
CITY-ST-ZIP	MIAMI FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #