## **2004 FOR PROFIT CORPORATION**

SIGNATURE:

## May 05, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P00000066807** 05-05-2004 90251 022 \*\*\*150.00 EWD INVESTMENT CORP. Principal Place of Business Mailing Address 10521 MAHOGANY KEY CIRCLE 10521 MAHOGANY KEY CIRCLE #108 #108 MIAMI, FL 33196-0000 MIAMI, FL 33196-0000 2. Principal Place of Business 3. Mailing Address 5950 w OAKLAND PARK BLUD SOSOW CAKLAND PARK BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chq-P CR2E034 (10/03) #207 井 207 City & State Applied For City & State 4. FEI Number LAUDERHILL , FL -Auo@#1LL 65-1026434 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33313 33313 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIXON, WAVERTON D Street Address (P.O. Box Number is Not Acceptable) 10521 MAHOGANY KEY CIRCLE 5950 W OAKLAND PARK BLUD #108 MIAMI, FL 33196-0000 City LAUDERHILL Zip Code 33313 8. The above named anity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of re istered agen. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ■ Addition TITLE Delete TITLE DIXON, WAVERTON MAME NAME 10521 MAHOGANY KEY CIR., #108 5950 W OAKLAND PARK BLUD #207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331960000 CITY-ST-ZIP AUDERHILL FL 33313 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition MARKE MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE THLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP d with this filing noes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if class, with all other like empowered. 12. I hereby certify that the information indicated on this report or si nation suppli holemental r of the corporation or the reci-changed, or on an attachme

SIGNING OFFICER OF DIRECTOR

Date

Davtme Phone #

**FILED**