


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

DOCUMENT # P00000096441

1. Entity Name
EDYCO CORPORATION



90104364

Principal Place of Business 100 PALM AVENUE MIAMI BEACH, FL 33139	Mailing Address 650 WEST AVE 2108 MIAMI BEACH, FL 33139
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2. Principal Place of Business 380 S HIBISCUS DR Suite, Apt. #, etc.	3. Mailing Address 380 S HIBISCUS DR Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL	4. FEI Number 65-1059467	Applied For Not Applicable
Zip 33139	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DYER, PIERO M 650 WEST AVE APT 2108 MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 380 S HIBISCUS DR City MIAMI BEACH FL Zip Code 33139
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)

FILE NOW! FEE IS \$150.00 <small>After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</small>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PD CORIAT, ROSA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	650 WEST AVENUE #2108	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
	VD DYER, PIERO M	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	650 WEST AVENUE #2108	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
	SD DYER, JACKELINE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	650 WEST AVENUE #2108	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
	OD DYER, ANDRES	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	650 WEST AVENUE #2108	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
	OD DYER, SHEILA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	650 WEST AVENUE #2108	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
	OD DYER, SAMUEL B	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	650 WEST AVENUE #2108	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____ **PIERO DYER** **04/20/03** **305-193-1729**
SHOW TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E004 (10/02)