

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

DOCUMENT # P00000107962  
 1. Entity Name  
**EDDIE'S MARINE CANVAS INC.**

80059259

Principal Place of Business  
 51 WEST 41 ST  
 HIALEAH, FL 33012

Mailing Address  
 P.O. BOX 590869  
 MAINT, FL 33159  
*51 W. 41 St  
 Hia, FL 33012*



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
 Zip

City & State  
 Zip

4. FEI Number  
**65-1057744**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ROMERO, CARMEN  
 51 WEST 41 ST  
 HIALEAH, FL 33012

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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 its registered agent.

SIGNATURE *Carmen Romero* DATE *3/13/03*

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D President NAME ROMERO, CARMEN STREET ADDRESS P.O. BOX 590869 CITY-ST-ZIP MAINT, FL 33159 <i>51 W. 41 St Hia, FL 33012</i>	<input type="checkbox"/> Delete	TITLE Vice President NAME Eduardo Romero STREET ADDRESS 51 W 41 St CITY-ST-ZIP Hia, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 its address, with all other like empowerment.

SIGNATURE: *Carmen Romero President* DATE: *3/13/03* PHONE: *305 962-3657*

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

CR2E034 (10/02)