2002 EOD DOOEIT CODDODATION

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DOCUMENT # P01000037980				N.	03 AUG 11	PM 3:38		
1. Entity Name EDT GROUP, CORP.						A OF OTATE		
					SECHETAH Z TALLAHASS	Y OF STATE EE, FLORIDA		
Principal Plac	e of Business	Mailing Address		7	E Comment			
77 W 20TH S Hialeah, Fl		77 W 20TH ST HIALEAH, FL 33010			V \			
						66:00 1111 (80:0 1011		
2. Principal P	Tace of Business	3. Mailing Address	RIVN					
Suite, Apt.		2000 SPRINGDALE Suite, Apt. #, etc.	עעום	, , , _	CHECK HERE IF	MAKING CHANGES	:	
F - 2.	<i>01</i>	F- 201 City & State .		4,	FEI Number 20-0/3		Applied For	1
	PRINGS, FL 33461	PAIM SPRINGS	FL Country		±55740000€22	- N	lot Applicable	
3346	U.S.A.	33461	V.S.A	-5.	-Certificate of Status Desired	\$8.75 Ad Fee Requir	ed	
Name and Address of Current Registered Agent     Name and Address of New Registered Agent     Name								
MERINO, ORLANDO J 4910 SW 48 AVE RD  Name Roll Street Address (					Box Number is Not Acceptable)			
MIAMI, FL 33065								
2000 SP				) SPRI		F-20/	de (	
8. The above	named entity submits this statement for	PRINGS	FL 338		! [ ·			
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of legistered agent.    Applied   Company								
SIGNATURE	Signature typedor printed name of registered agent	and title if applicable. (NOTE: f	Registerad Agent signal	und recipired when		<u> </u>	2	)
Aff	FILE NOWILL FEE IS \$150.00	0	<del></del>		9. Election Campaign Fina	nocing <b>¢</b> E i	00 May Be	
Make Check	er May 1, 2003 Fee will be \$550 D Amended UBR is \$61,25 ( Payable to Florida Department	of State			Trust Fund Contribution		ed to Fees	<u>.</u>
10.	OFFICERS AND	DIRECTORS	11.	A	DOITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	RS IN 11	_
TITLE NAME	PTD MERINO, ORLANDO	Delete	TITLE NAME	MOLAN	100 FANJUL	☐ Change	Addition	10/02
STREET ADDRESS CITY+ST-ZIP	4910 SW 98 AVE RD MIAMI, FL 33065		STREET ADDRESS City-st-2ip	DOES	NENT/200 SPRING	DALEBUI FZOI	PolmSpi	z Was
TITLE	VST	Delete	TITLE	1 2001.	DO FANJUL DEN T/200 SARING FC 3346	☐ Change	Addition	JRZE
NAME STREET ADDRESS	MERINO, MARISOL M 4910 SW 48 AVE RD		NAME STHEET ADDRESS	}				
CITY-ST-ZIP	MIAMI, FL 33065		CITY-ST-ZIP	<u> </u>			· • ·	-
TITLE NAME		☐ Delete	TITLE NAME	:	9000222	Change ☐ Change	Addition	·
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip		9000222 08/11/0301021-	015 **550	).00	
TITLE		☐ Delete	TOLE			Change	Addition	
NAME STREET ADDRESS			NAME 51 REE1 ADDRESS					
CITY-ST-ZIP			Crty-st-2(P					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS City-S1-Zip			STREET ADDRESS City-St-Zip					
TITLE		☐ Delete	101£	<del> </del>		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STHEET ADDRESS					
CITY-ST-2IP			CAY-ST-ZIP	<u> </u>				
12. I hereby certify that the information supplied with this filling 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 supplementanceport 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 truples empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								
of the corporation of the receiver of ituates 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 without address, with all other like empowered.								
SIGNATURE: X WORLD ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAME OF SIGNING OFFICER OR DAME OF S								
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