

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000041514**

1. Entity Name  
**DEDALUS, INC.**



Principal Place of Business  
**4544 NORTH HIATUS ROAD  
SUNRISE, FL 33351 US**

Mailing Address  
**4544 NORTH HIATUS ROAD  
SUNRISE, FL 33351 US**

**DO NOT WRITE IN THIS SPACE**



04012004 No Chg-P CR2E034 (10/03)

4. FET Number  
**65-1118091**

Applied For  
☐ Not Applicable

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

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

**LACERDA, CARLOS  
13771 SW 24TH STREET  
DAVIE, FL 33325**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**PD**  
NAME  
**FERNANDES, MAURICIO**  
STREET ADDRESS  
**4540 NORTH HIATUS ROAD**  
CITY-ST-ZIP  
**SUNRISE, FL 33351**

TITLE  
**VD**  
NAME  
**NOVAES, JOSE ANTONIO**  
STREET ADDRESS  
**4540 NORTH HIATUS ROAD**  
CITY-ST-ZIP  
**SUNRISE, FL 33351**

TITLE  
**SD**  
NAME  
**NOVAES, SILVANA**  
STREET ADDRESS  
**4540 NORTH HIATUS ROAD**  
CITY-ST-ZIP  
**SUNRISE, FL 33351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/12/04-80033-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Carlos Lacerda* 04/06/04 954-370-7888