

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90398 022 ***150.00

14013428



04182005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1792693

Applied For
Not Applicable

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

DOCUMENT # P02000034908

1. Entity Name
EDNB MANAGEMENT CORP.



Principal Place of Business
**C/O CARLOS CARABALLO
1300 BRICKELL AVENUE
MIAMI, FL 33131**

Mailing Address
**C/O CARLOS CARABALLO
1300 BRICKELL AVENUE
MIAMI, FL 33131**

2. Principal Place of Business
C/O CARLOS CARABALLO

Suite, Apt. #, etc.
1300 BRICKELL AVENUE

City & State
MIAMI FL

Zip
33131

Country

3. Mailing Address
C/O CARLOS CARABALLO

Suite, Apt. #, etc.
1300 BRICKELL AVENUE

City & State
MIAMI FL

Zip
33131

Country

6. Name and Address of Current Registered Agent

**SANCHEZ, MILAGOS
1300 BRICKELL AVE
MIAMI, FL 33131**

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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	
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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 an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/26/2005** **305 351 1000**

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