
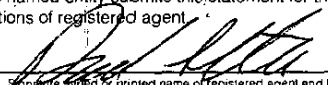
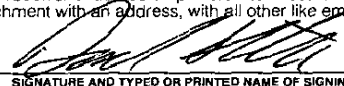


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90002 011 ***150.00

DOCUMENT # P02000054830			
1. Entity Name EDM SOLUTIONS, INC.			
Principal Place of Business 12124 GLENMORE DRIVE CROSS SPRINGS, FL 33071		Mailing Address 12124 GLENMORE DRIVE CROSS SPRINGS, FL 33071	
2. Principal Place of Business 12611 NW 17th PLACE		3. Mailing Address 12611 NW 17th PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33071	Country USA	Zip 33071	Country USA
6. Name and Address of Current Registered Agent SHTRAX, DAVID 12124 GLENMORE DRIVE CROSS SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12611 NW 17th PLACE City CORAL SPRINGS FL Zip Code 33071	
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: 9/15/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIDAL, ERNESTO 11586 SW 112 AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHTRAX, DAVID 12124 GLENMORE DR CROSS SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12611 NW 17th PLACE CORAL SPRINGS, FL 33071
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
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
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
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
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: 		Date: 9/15/04 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

54073182



09142004 Chg-P CR2E034 (10/03)

4. FEI Number
30-0078865 Applied For
Not Applicable

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

Attachment

LASHBROOK & ASSOCIATES, P.A.
TAX ACCOUNTANTS AND FINANCIAL PLANNERS

4481 STIRLING ROAD
FT. LAUDERDALE, FLORIDA 33314-7519

BUSINESS CONSULTATION AND MANAGEMENT
FAMILY INVESTMENT, TAX, AND ESTATE PLANNING

TELEPHONE: 954-581-8112
FAX: 954-581-2554
E-MAIL: garth@lashbrookfinancial.com

GARTH D. LASHBROOK, EA, CFP, CFS, CFE, CBC

ENROLLED AGENT
CERTIFIED FINANCIAL PLANNER
ACCREDITED TAX ADVISOR
BOARD CERTIFIED BUSINESS APPRAISER
CERTIFIED FUND SPECIALIST
CERTIFIED FRAUD EXAMINER
CERTIFIED BUSINESS COUNSELOR

KENNETH STONE, EA

ENROLLED AGENT
CFP PARA-PLANNER

JOAN M. LASHBROOK

EXECUTIVE VICE PRESIDENT

MARTHA LASHBROOK

OFFICE MANAGER

MARIETTA GUIDA

ADMINISTRATIVE ASSISTANT

September 17, 2004

Florida Department of State

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: EDM Solutions, Inc.

Document # P02000054830

To Whom It May Concern:

We are the accounting firm for the above referenced corporation. It has recently come to our attention that our client did not receive their 2004 UBR Report. We checked their listing on the sunbiz.org website and their address is incorrect.

Therefore, we respectfully request your department's acceptance of the enclosed 2004 UBR Report with the initial filing fee of \$150.00. Your immediate consideration and response is greatly appreciated.

Sincerely,

LASHBROOK & ASSOCIATES, P.A.

**Garth D. Lashbrook,
for the firm.**

GDL/ks

MEMBER

*International Board Certified Financial Planners • National Association of Personal Financial Advisors
Accreditation Council for Accounting and Taxation • Institute of Certified Fund Specialists • Institute of Certified Business Counselors
National Society of Accountants • International Association for Financial Planning • Florida Society of Professional Accountants
Association of Certified Fraud Examiners • National Association of Enrolled Agents • Florida Society of Enrolled Agents*