## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000054830

Entity Name: EDM SOLUTIONS, INC.

FILED Oct 19, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1200 BRICKELL BAY DRIVE 12611 NW 17 PL

SUITE 1920 CORAL SPRINGS, FL 33071 MIAMI, FL 33131

Current Mailing Address:

1200 BRICKELL BAY DRIVE 12611 NW 17 PL

SUITE 1920 CORAL SPRINGS, FL 33071 MIAMI, FL 33131

FEI Number: 30-0078865 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**New Mailing Address:** 

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHTRAX, DAVID
12611 NW 17TH PLACE
CROSS SPRINGS, FL 33071 US
SHTRAX, DAVID
12611 NW 17TH PLACE
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: DAVID SHTRAX 10/19/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

Name: VIDAL, ERNESTO Name: Address: 1200 BRICKELL BAY DRIVE STE 1920 Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SHTRAX, DAVID
 Name:
 SHTRAX, DAVID

 Address:
 12611 NW 17TH PLACE
 Address:
 12611 NW 17TH PLACE

 City-St-Zip:
 CROSS SPRINGS, FL 33071
 City-St-Zip:
 CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SHTRAX PRES 10/19/2007