

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90096 039 ***150.00

DOCUMENT# P02000092565

1. Entity Name

EDSON'S GENERAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
4384 NW 9TH AVE #2001, APT 394 POMPANO BEACH FL 33064	739 E. ATLANTIC BLVD POMPANO BEACH FL 33060

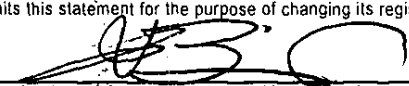
2. Principal Place of Business	3. Mailing Address
4384 NW 9TH AVE	4384 NW 9TH AVE
Suite Apt. #, etc. BLD 20-D1# 314	Suite. Apt. #, etc. BLD 20-D1# 314

DO NOT WRITE IN THIS SPACE

City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL	4. FEI Number 35-2186143	Applied For Not Applicable
Zip 33064-1764	Country USA	Zip 33064-1764	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BATISTA, EDSON O 4384 NW 9TH AVE #2001, APT 394 POMPANO BEACH FL 33064	Name TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 533 EAST SAMPLE ROAD City POMPANO BEACH FL Zip Code 33064

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.

SIGNATURE  05/29/03
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW! FEE IS \$150.00 After MAY 1, 2003 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATISTA, EDSON O 4384 NW 9TH AVE #2001, APT 394 POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATISTA, EDSON O 4384 NW 9TH AVE BLD 20-D1# 314 POMPANO BEACH FL 33064-1764 <input checked="" 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
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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  05/29/03 (954) 942-0323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #