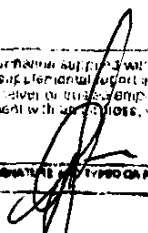


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90196 020 ***150.00

DOCUMENT # P02000111784			
1. Entity Name EDWARD/G & M, INC.			
Principal Place of Business 15590 SW 103 TERRACE MIAMI, FL 33196		Mailing Address 15590 SW 103 TERRACE MIAMI, FL 33196	
2. Principal Place of Business 9656 SW 147 COURT		3. Mailing Address 9656 SW 147 COURT	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33196		Zip 33196	
Country		Country	
4. FEE Number 54-2079784		Applied For New Application	
5. Consideration of Shareholders ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABRERA, OSCAR A 8008 SW 168 COURT MIAMI, FL 33196		7. Name and Address of New Registered Agent	
8. This document reflects entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am affirming with and accepting the obligations of registered agent.			
SIGNATURE		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		8. Election Campaign Financing Treasury Contribution ☐ \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-STATE-ZIP	PO GARCIA, EDUARDO A 15590 SW 103 TERRACE MIAMI, FL 33196	NAME STREET ADDRESS CITY-STATE-ZIP	9656 SW 147 COURT MIAMI, FLORIDA 33196
NAME STREET ADDRESS CITY-STATE-ZIP		NAME STREET ADDRESS CITY-STATE-ZIP	
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NAME STREET ADDRESS CITY-STATE-ZIP		NAME STREET ADDRESS CITY-STATE-ZIP	
NAME STREET ADDRESS CITY-STATE-ZIP		NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this report is true and correct, and that my signature shall have the same legal effect as if made under oath, but I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes, who shall in, name appropriate block 10 or block 11 if changed, or on an attachment with this report, with all other like information.			
SIGNATURE: 		4/24/2004. (305) 481-8207.	
SIGNATURE OF TYPED OR PRINTED NAME OF SIGNER: OFFICER OR DIRECTOR		DATE	