FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90196 020 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000111784

1. Entity Name
EDWARD/G & M, INC.

24070781

04202004 Chg-P CR2E034 (10/03)

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
Suite, Apt. #, etc.
City & State: MIAMI FLORIDA
Zip: 33196 Country

3. Mailing Address: 9656 SW 147 COURT
Suite, Apt. #, etc.
City & State: MIAMI FLORIDA
Zip: 33196 Country

4. FEI Number: 54-2079784 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CABRERA, OSCAR A
8005 SW 168 COURT
MIAMI, FL 33196

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARCIA, EDUARDO A 15590 SW 103 TERRACE MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9656 SW 147 COURT MIAMI, FLORIDA 33196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ____________________ 4/24/2004. (305) 481-8207.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #