1082

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007674

1. Entity Name
EDGARIANA, INC.

800066553538
02/24/06--01011--010 **450.00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 0406

2. Principal Place of Business	3. Mailing Address
142 W 21TH ST Hialeah	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33010 Country: USA	Zip Country

4. FEI Number: 20-4250535 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DIOGENES PEREZ

Street Address (P.O. Box Number is Not Acceptable): 142 W 21TH ST Hialeah

City: Miami FL Zip Code: 33010

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: Diogenes Perez 2/3/2006
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIOGENES PEREZ
STREET ADDRESS	142 W 21TH ST. Hialeah
CITY-ST-ZIP	Miami FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Diogenes Perez 2/3/2006
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date

COPERGAB (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004-2006 or any other notice from the Division of Corporations in respect with the Corporation **EDGARIANA, INC.**

Thank you for your courtesy in this matter.

Diogenes Perez

DIOGENES PEREZ
PRESIDENT