

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90042 050 ***163.75

94014351



DOCUMENT # P03000032797 1. Entity Name EDL SERVICES, INC.					
Principal Place of Business 2736 N.W. 27TH STREET MIAMI, FL 33142			Mailing Address 2736 N.W. 27TH STREET MIAMI, FL 33142		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01282004 Chg-P CR2E034 (10/03)	
4. FEI Number 56-2339184				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVILA, FRANKLIN 2736 N.W. 27TH STREET MIAMI, FL 33142			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 _____				02/09/04	
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. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	John Lawrence	NAME			
STREET ADDRESS	16317 NW 17 Street	STREET ADDRESS			
CITY-ST-ZIP	Pembroke Pines, FL 33029-1722	CITY-ST-ZIP			
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	Vice President	NAME			
STREET ADDRESS	Luis Escoto	STREET ADDRESS			
CITY-ST-ZIP	961 sw 147 court	CITY-ST-ZIP			
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	Treasurer	NAME			
STREET ADDRESS	Franklin Davila	STREET ADDRESS			
CITY-ST-ZIP	2736 NW 27 Street	CITY-ST-ZIP			
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:		Franklin DAVILA - TREASURER		02/09/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		786-412-8186	
				Daytime Phone #	