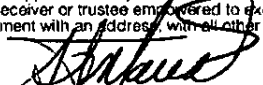


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-02-2004 90006 022 ***150.00

DOCUMENT # P03000040899 1. Entity Name EDGEMAR INVESTMENTS, INC.			
Principal Place of Business 2665 S. BAYSHORE DRIVE SUITE 1100 MIAMI, FL 33133		Mailing Address 2665 S. BAYSHORE DRIVE SUITE 1100 MIAMI, FL 33133	
2. Principal Place of Business C/O 5960 S.W. 57th Ave Suite, Apt. #, etc.		3. Mailing Address C/O 5960 S.W. 57th Ave Suite, Apt. #, etc.	
City & State Miami, FL Zip 33143		City & State Miami, FL Zip 33143	
Country USA		Country USA	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAYSON, MOISES 25 SE 2ND AVENUE SUITE 730 MIAMI, FL 33131		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 _____ (NOTE: Registered Agent signature required when relinquishing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D NAME PAREDES, SUSANA STREET ADDRESS 2665 S. BAYSHORE DRIVE STE 1100 CITY-ST-ZIP MIAMI, FL 33133	TITLE	Paredes, Susana NAME 5960 S.W. 57th Ave. STREET ADDRESS Miami, FL 33143 CITY-ST-ZIP Director President
TITLE	D NAME RODRIGUEZ, EVELYN STREET ADDRESS 2665 S. BAYSHORE DRIVE STE 1100 CITY-ST-ZIP MIAMI, FL 33133	TITLE	Paredes, Diego R NAME 5960 S.W. 57th Ave STREET ADDRESS Miami, FL 33143 CITY-ST-ZIP Director VP
TITLE		TITLE	Paredes, Alejandra NAME 5960 S.W. 57th Ave STREET ADDRESS Miami, FL 33143 CITY-ST-ZIP Director Secretary
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 7/21/04 Daytime Phone #: (305) 790 7787	