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.

66431838

07202004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DRIVE SUITE 1100 MIAMI, FL 33133	2665 S. BAYSHORE DRIVE SUITE 1100 MIAMI, FL 33133

2. Principal Place of Business	3. Mailing Address
c/o 5960 S.W. 57th Ave	c/o 5960 S.W. 57th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33143 Country: USA	Zip: 33143 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 _____
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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAREDES, SUSANA 2665 S. BAYSHORE DRIVE STE 1100 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Paredes, Susana 5960 S.W. 57th Ave. Miami, FL 33143 Director President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, EVELYN 2665 S. BAYSHORE DRIVE STE 1100 MIAMI, FL 33133	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Paredes, Diego 5960 S.W. 57th Ave Miami, FL 33143 Director VP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Paredes, Alejandra 5960 SW 57th Ave Miami, FL 33143 Director Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 7/21/04 (305) 7907787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #