

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2004 8:00 am
Secretary of State

06-22-2004 90002 005 ***150.00

DOCUMENT # P03000041850

1. Entity Name
EDGONZ, INC.



Principal Place of Business
1430 AVON LANE, UNIT 426
NORTH LAUDERDALE, FL 33068

Mailing Address
1430 AVON LANE, UNIT 426
NORTH LAUDERDALE, FL 33068

54058441



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

11-3690206

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOFIL INVESTMENTS, INC.
5544 NW 23RD AVE, HANGAR 15
FT. LAUDERDALE, FL 33309

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 \$550.00
Due by September 8, 2004

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 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
GONZALEZ, EDUARDO
1430 AVON LANE, UNIT 426
NORTH LAUDERDALE, FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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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:

Eduardo Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/04

Date

Daytime Phone #

Attachment

57058441

EDGONZ, Inc.
5937 Ithaca Circle West
Lake Worth, Florida 33463-1517

June 16, 2004

Florida Department of State
Division of Corporations
Reinstatement Section
Uniform Business Report Division
P.O. Box 6327
Tallahassee, Florida 32314

Re: EDGONZ, Inc.
Document No.: P0300041850
Uniform Business Report 2004

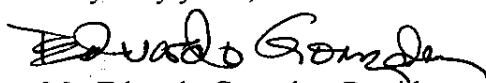
Dear Corporations Representative,

As per your previous conversation with my accountant, I am writing this letter regarding my uniform business report for 2004. My accountant initially pointed out that this report hadn't been filed at the time she was completing my taxes. She requested that I contact your office to obtain a blank form in order to mail you the payment.

Upon my communicating with your office I was specifically told to go ahead and obtain the form via your website at www.sunbiz.org, enter my document number and all of the information would be printed for me. The only thing I would have to do is make any appropriate changes, sign the form, mail the payment of \$150.00, with a letter stating that I never received the original Uniform Business Report for 2004 and the additional fee of \$400.00 would be waived.

If you have any questions please feel free to my accountant directly 954-420-3187
Mimi Nofil.

Very truly yours,



Mr. Eduardo Gonzalez, President
EDGONZ, Inc.