


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90097 013 \*\*\*150.00

|                                       |   |
|---------------------------------------|---|
| <b>DOCUMENT # P03000058454</b>        |  |
| 1. Entity Name<br><b>EBODOO, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2741 SW 46TH PLACE<br/>FORT LAUDERDALE, FL 33312</b> | Mailing Address<br><b>2741 SW 46TH PLACE<br/>FORT LAUDERDALE, FL 33312</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>1140 NW 74TH WAY</b> | 3. Mailing Address<br><b>1140 NW 74TH WAY</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                           |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>HOLLYWOOD, FL</b> | City & State<br><b>HOLLYWOOD, FL</b> |
| Zip<br><b>33024</b>                  | Country<br><b>USA</b>                |
| Zip<br><b>33024</b>                  | Country<br><b>USA</b>                |

02222007 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>02-0693861</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>JOSEPH K. NOFIL, P.A.<br/>1140 N. 74TH WAY<br/>HOLLYWOOD, FL 33024</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>JOSEPH K. NOFIL</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>3284 N. STATE ROAD 7</b><br>City <b>LAUDERDALE LAKES FL</b> Zip Code <b>33319</b> |  |
|--|--|---|--|

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  DATE **2/23/07**

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, 2007 Fee will be \$550.00**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>CHAVES, RODOLFO MR.<br/>2741 SW 46TH PLACE<br/>FORT LAUDERDALE, FL 33312</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>1140 NW 74TH WAY<br/>HOLLYWOOD, FL 33024</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **PRESTOLUN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #