## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2008 8:00 am Secretary of State

ANNUAL REPORT	Secretary of State
DOCUMENT # P03000058454  1. Entity Name EBODOO, INC.	03-28-2008 90036 024 ***150.00
and the state of t	
Principal Place of Business  1140 NW 74TH WAY HOLLYWOOD, FL 33024  Mailing Address 1140 NW 74TH WAY HOLLYWOOD, FL 33024	- 40000
	A INDIVIDUAL III TOLTO AIKA BELIN DELIN TELIN DELIN INDIVIDUAL DININ DIBUKAN JAJON
DO NOT WRITE IN THIS SPA	03192008 No Chg-P CR2E034 (11/05)  CE A. FEI Number   Applied For
	02-0693861   Not Applicable
	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
JOSEPH K. NOFIL, P.A. 3284 N. STATE ROAD 7	DO NOT WRITE
LAUDERDALE LAKES, FL 33319	IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Register	ed Agent signature required when reinstating) DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution	+++++++++++++++++++++++++++++++++++
10. OFFICERS AND DIRECTORS	
ITITLE PSTD CHAVES, RODOLFO MR.	
STREET ADDRESS 1140 NW 74TH WAY CITY-ST-ZIP HOLLYWOOD, FL 33024	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	At the control of the
STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	

12. I hereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is flue and accurate aper 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 his 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, we that the information.

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #