


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90672 048 ***150.00

DOCUMENT # P03000106325 1. Entity Name EDP SERVICES INC					
Principal Place of Business 9521 FONTAINEBLEAU BLVD, #205 MIAMI, FL 33172				Mailing Address 9521 FONTAINEBLEAU BLVD, #205 MIAMI, FL 33172	
2. Principal Place of Business 2894 SW 176th WAY Suite, Apt. #, etc.		3. Mailing Address 2894 SW 176th WAY Suite, Apt. #, etc.			
City & State MIRAMAR, FLORIDA Zip 33029		City & State MIRAMAR, FLORIDA Zip 33029		4. FEI Number 02-070 8262 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PEREZ, EVA D 9521 FONTAINEBLEAU BLVD, #205 MIAMI, FL 33172 2894 SW 176th WAY MIRAMAR, FLORIDA 33029				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 <i>Eva Perez</i> OFFICER/OWNER 04/07/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD PEREZ, EVA D 9521 FONTAINEBLEAU BLVD, #205 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, EVA D 2894 SW 176th WAY MIRAMAR, FLORIDA 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <i>Eva Perez</i> OFFICER/OWNER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/07/04 <small>Date Daytime Phone #</small>		