

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

07-18-2005 90040 040 ***550.00

DOCUMENT # P03000124137	
1. Entity Name EDEVALDO CARDOSO, INC.	

Principal Place of Business 209 FORT LAUDERDALE BEACH BLVD. #14-C FORT LAUDERDALE, FL 33304 US	Mailing Address 209 FORT LAUDERDALE BEACH BLVD. #14-C FORT LAUDERDALE, FL 33304 US
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2. Principal Place of Business 3100 N. PALM AIRE DR. Suite, Apt. #, etc. 703	3. Mailing Address 3100 N. PALM AIRE DR. Suite, Apt. #, etc. 703
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City & State POMPANO BCH - FL	City & State POMPANO BCH - FL
Zip 33069	Country BROWER

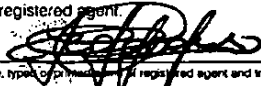
07082005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0472774	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARDOSO, EDEVALDO 209 FORT LAUDERDALE BEACH BLVD. #14-C FORT LAUDERDALE, FL 33304	
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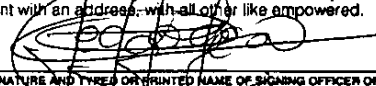
7. Name and Address of New Registered Agent CARDOSO, EDEVALDO Street Address (P.O. Box Number is Not Acceptable) 3100 N. PALM AIRE DR. 703 POMPANO BCH City FL Zip Code 33069	
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8. The above named entity submits this statement for the purpose of changing 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 JULY 11, 2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CARDOSO, EDEVALDO 209 FORT LAUDERDALE BEACH BLVD. FORT LAUDERDALE, FL 33304 ☐ 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
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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.	
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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