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	Mailing Address
209 FORT LAUDERDALE BEACH BLVD. #14-C FORT LAUDERDALE, FL 33304 US	209 FORT LAUDERDALE BEACH BLVD. #14-C FORT LAUDERDALE, FL 33304 US

07082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3100 N. PALM AIRE DR	3100 N. PALM AIRE DR
Suite, Apt. #, etc.: 703	Suite, Apt. #, etc.: 703
City & State: POMPANO BCH - FL	City & State: POMPANO BCH - FL
Zip: 33069 Country: BROWER	Zip: 33069 Country: BROWER

4. FEI Number: 20-0472774 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARDOSO, EDEVALDO
209 FORT LAUDERDALE BEACH BLVD.
#14-C
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name: CARDOSO, EDEVALDO
Street Address (P.O. Box Number is Not Acceptable): 3100 N. PALM AIRE DR. 703
City: POMPANO BCH FL Zip Code: 33069

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] JULY 11, 2005
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 7, 2005

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	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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #