
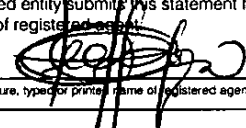
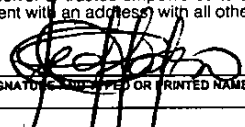


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 031 ***150.00

DOCUMENT # P03000124137 1. Entity Name EDEVALDO CARDOSO, INC.			
Principal Place of Business 3100 N PALM AIRE DR 703 POMPANO BEACH, FL 33069 US		Mailing Address 3100 N PALM AIRE DR 703 POMPANO BEACH, FL 33069 US	
2. Principal Place of Business - No P.O. Box # 115 ROYAL PARK DR Suite, Apt. #, etc. 3G		3. Mailing Address 115 ROYAL PARK DR Suite, Apt. #, etc. 3G	
City & State OAKLAND PARK, FL Zip 33309		City & State OAKLAND PARK, FL Zip 33309	
Country US		Country US	
4. FEI Number 20-0472774		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDOSO, EDEVALDO 3100 N PALM AIRE DR, # 703 POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name CARDOSO, EDEVALDO Street Address (P.O. Box Number is not acceptable) 115 ROYAL PARK DR #3G City OAKLAND FL Zip Code 33309	
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 2/15/07	
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. <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	PST CARDOSO, EDEVALDO <input checked="" type="checkbox"/> Delete 3100 N. PALM ATR. DR. #703 POMPANO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARDOSO, EDEVALDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 ROYAL PARK, #3G OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 		Date 02/15/07 Daytime Phone #	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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02152007 Chg-P CR2E034 (12/06)