2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000021972 1. Entity Name EPDRL, INC. Principal Place of Business Mailing Address 66019984 1425 BRICKELL AVENUE 1425 BRICKELL AVENUE SUITE 610 **SUITE 61C** MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 05262005 Cha-P Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE MANDELL, P.A. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE **TENTH FLOOR** MIAMI, FL City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change . ☐ Addition TITLE ☐ Delete TITLE PRESIDENT BIRNBACH, DAVID NAME NAME 1425 BRICKELL AVENUE SUITE 61C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ■ Addition □ Change TITLE ☐ Defete TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition THEF TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filling does not qualify for the exemption setted 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 triat my signatury 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 charged, or on an attachment with an address with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED ME OF SIGNING OFFICER OR DIRECTOR

FILED

May 31, 2005 8:00 am Secretary of State

04-28-2005 90166 039 ***150.00

2005 FOR-PROFIT CORPORATION .. 4/28/2005-90166-039-\$150.00-\$150.00

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ANNUAL REPORT													
DOCUMENT # P040000219 1. Entity Name EPDRL, INC.				972				ATTACHMENT					
Principal Place of Business 1425 BRICKELL AVENUE SUITE 61C MIAMI, FL 33131				Mailing Address 1425 BRICKEL SUITE 61C MIAMI, FL 331	1 ~=		GG019984						
2. Principal Place of Business			3. Mailing Addres										
Suite, Apt. #, etc.			Suite, Apt. #, e			04262005	, Chg-P	CR2E0	34 (10/03)				
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Zip	Country			Zip	0	ountry		_ 	of Status Desire	м П	\$8.75 Add	ditional	
6. Name and Address of Current F				legistered Agent			7. Name and Address of New Registered Agent						
ASS MANOS I DA						Name	Name _						
LEE MANDELL, P.A. ONE S.E. THIRD AVENUE TENTH FLOOR						Stroot A	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL													
11						City	City FL Zip Code						
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, typed or printed name of registered agent and libe if approachie. (MOTE Registered Agent argusture required when reinstating) DATE													
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NAME STREET ADDRESS CITY-ST-ZIP					į,	NAME STREET ADDRESS CITY-ST-ZIP							
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 empowerful 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 suffernmental reports 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 suffernmental reports as required by Chapter 607.													
SIGNATURE: DAVID J BIRNIGACH, PESSIDENT 4/26/05 (305) 206-3290 DENGRIPHENDE OF PRINTED HANCE OF BROWNS OFFICER OF DEPOSIT OF DESCRIPTION OF D													