2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90018 018 ***150.00

DOCUMENT # P04000029295

1. Entity Name
EDX, INC.

Principal Place of Business
390 SW LINDEN ST.
STUART, FL 34997

Mailing Address
~~390 SW LINDEN ST.~~
~~STUART, FL 34997~~

02162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
1583 SW Locks Rd

Suite, Apt. #, etc.
~~SEE~~

City & State
STUART

Zip
FL

Country
MARTIN

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
SAME

Zip
34997

Country
USA

4. FEI Number
65-0960758
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LINARES, EDUARDO I
390 SW LINDEN ST. 1583 SW Locks Rd
STUART, FL 34997 STUART FL 34997

7. Name and Address of New Registered Agent

Name NA

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 [signature] 2-16-08
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, 2008 Fee will be $550.00

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	PD LINARES, EDUARDO I. 390 SW LINDEN ST. STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1583 SW LOCKS ROAD STUART FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LINARES, ANA M 390 SW LINDEN ST. STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1583 SW LOCKS ROAD STUART FL 34997	☒ 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 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: [signature] 2-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #