
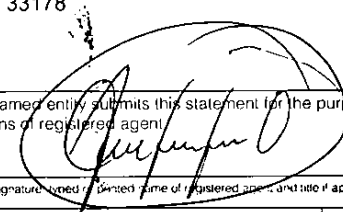
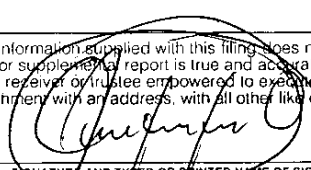


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90108 010 \*\*\*158.75

<b>DOCUMENT # P04000049678</b> 1. Entity Name <b>EDSON INC.</b>					
Principal Place of Business <b>2201 SW 16TH STREET MIAMI, FL 33145</b>			Mailing Address <b>2201 SW 16TH STREET MIAMI, FL 33145</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02272006    Chg-P    CR2E034 (11/05)	
Zip		Country		4. FEI Number <b>06-1720768</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SANCHEZ, FAUSTO A</b> <b>10855 NW 50 STREET NO. 107</b> <b>DORAL, FL 33178</b>				Name <b>Sanchez, Antonio</b> Street Address (P.O. Box Number is Not Acceptable) <b>5769 NW 99 Avenue</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33178</b>	
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 <b>2-27-06</b>	
Signature typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANCHEZ, FAUSTO A</b>		NAME	<b>SANCHEZ, ANTONIO</b>	
STREET ADDRESS	<b>10855 NW 50 STREET NO. 107</b>		STREET ADDRESS	<b>5769 NW 99 Ave.</b>	
CITY-ST-ZIP	<b>DORAL, FL 33178</b>		CITY-ST-ZIP	<b>Doral FL 33178</b>	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONCALVES, SONIA</b>		NAME		
STREET ADDRESS	<b>2201 S.W. 16TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <b>2-27-06</b> (305) 856-7814		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    District Phone #		