2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000112698 1. Entity Name EDEN AGENCY & INVESTMENTS, INC.							FILED 06 APR 20 AHII: 43				
Principal Place	e of Business	S	Mailing Address		<u> </u>		SECT - WIRE STATE				
12320 NE 6TH. AVENUE NORTH MIAMI, FL 33161			12320 NE 6TH. AVENUE NORTH MIAMI, FL 33161				SECHLIARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (11/05)		
City & State			City & State			4. FEI Number 55-08753	317	Applied For Not Applicable			
Zip	Zip Country		Zip	Zip Country		5. Certificate of	5. Certificate of Status Desired S8.75 Fee Reg				
	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				,			
JEAN-CHARLES, EDEN 480 NE 136TH. STREET NORTH MIAMI, FL 33161						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
NONTH MICHWI, TE 33101									1		
					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											
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND	DIRECTORS	CTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	Р :	ADI 50 5051	☐ Delete						Change	☐ Addition	
NAME STREET ADDRESS		ARLES, EDEN 36TH. STREET	NAM: STRE		EET ADDRESS						
CITY-ST-ZIP					'-ST-ZIP						
TITLE	V				- I				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		ARLES, EVANS 11TH STREET 33161		EET ADDRESS '- ST - ZIP							
TITLE	T						☐ Change	Addition			
NAME	T Delete TITL SY;VESTRE, PIERRE NAM				E d	LORICE DESTIN	e Joseph			_	
STREET ADDRESS CITY-ST-ZIP					1100 NE 14457 NORTH MIRMI, FL 33161						
TITLE	14 MIZIMI,	12 33101	☐ Delete	TITL		buth miken, i	V 70101		☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '+ST-ZIP					İ	
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS	3/31/D	6 DIO	28 1	W.	35/1	
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NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '- ST - ZIP						
12. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if											
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.											

EDEN JEAN-PIERRE, OH-11-2006 (305) 891-3460

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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