2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT						. FILED				
DOCUMENT # P04000122335										
1. Entity Nan EDC SUI	ne RVEYING, INC.						06	HAY -8 P	ii 1: 52	
						1 1	SEC	DRET, : LAHASOLA, :	ME	
Principal Place of Business Mailing Address							> TALI	LAHACCIE,	LORDA	
2455 S.W 27TH AVE., STE 300		2455 S.W. 27TH AVE , STE 300		0	}.	M				
MIAMI, FL 3	3133	MIAMI, FL 33133			1	1 (88)(86) t	8871 618N 8881 8 8 111 881	DI ARINI DERIN RITH RITH IN	li amegi ii (Sei	
Principal Place of Business										
2455 Suite, Apt	S.W. 27th Avenue	2665 S. Bayshore Drive			<i>r</i> e	t lankinki lit	astr Pinti nuft auti Wit	DI 14 672 I TUID 14 020 ISBN 1810)	
Suite 300		Suite 703				04192006	Chg-P	CR2E034 (11/0		
City & State Miami, FL		City & State Miami, FL				4. FEI Number 20-1530	_	+	Applied For Not Applicable	
Zip	Country	Zip Count 33133 USA				Certificate of Status Desired				
33145 USA 33133 6. Name and Address of Current Registered Agent			OU		l.	7. Name and	Address of New R			
POLANSKY, MITCHELL S ESQ.				Name						
2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133				Street Address (P O Box Number is Not Acceptable)						
MIAWI, FL 33133										
				City						
The above named entity submits this submersulor the purpose of phanging 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										
Signexite injured or printed name of registered agent and title if applicable (NOTE: Pagettered Agent significance required when reinstituting) DATE										
FILE NOWII! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution										
10.	OFFICERS AND		11.			ADDITIONS/	CHANGES TO DEE	ICERS AND DIRECTO	DES IN 11	
TITLE	DP STREETS AND	Delete	TITLE	:		NODATIONO,	01// 41020 10 011	Chang		
NAME STREET ADORESS	MCCABE, KEVIN 2665 S BAYSHORE DR #703 SIRE			E1 ADORESS				320297	' ''	
CITY-ST-ZIP	MIAMI, FL 33133		CITY	\$T-ZIP			14/96010		*1100.00	
TITLE NAME	DTS ESPINOZA, HUMBERTO	Delete	NAME	i	ı			Chang	e 🔲 Addition	
STREET ADORESS CETY-ST-ZIP	2665 S BAYSHORE DR #703			ET ADORESS - \$T-ZIP						
TITLE			TITLE		v			Co } Chang	e Addition	
NAME	RAMSEY, DONALD 2665 S BAYSHORE DR #703		NAME STREE			y, Dona			[
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33133			·ST-ZIP	2005 Miami	S. Bays FL 33	hore Drive 133	e, #703		
TITLE NAME		Delete	TITLE					☐ Chang	e 🗌 Addilion	
STREET ADORESS			STRE	et address						
CHY-ST-ZIP		☐ Defete	THE	-S1-ZIP				☐ Chang	Addition	
NAME			NAME	ET ADDRESS				·	_	
STREET ADDRESS CITY-\$1-2IP				-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Chang	e 🔲 Addition	
NAME STREET ADDRESS			STRE	et adoress						
CITY-ST-ZIP	and that the information and the	this filing done not qualify to		-ST-ZIP	notained i	n Chanter 110	Florida Statutos 1	further certify that the	e information	
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 repend 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 employed to execute his 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 of all other tempowers. 4/19/06 (305) 858–9900										
changed or on an attachment with an address 4/19/06 (305) 858–9900 KeV17 Mor Aire 4/19/06 (305) 858–9900										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description									·	