

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 22 AM 10:34

DOCUMENT # P04000139950

1. Entity Name  
EDISA INVESTMENT GROUP, INC.



Principal Place of Business  
4995 NW 72 AVENUE  
205  
MIAMI, FL 33166

Mailing Address  
4995 NW 72 AVENUE  
205  
MIAMI, FL 33166



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1746026

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TRUJILLO, ZUNILDA R  
4995 NW 72 AVENUE  
MIAMI, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

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 Zunilda Trujillo  
Signature, typed or printed name of registered agent and title if applicable

4/29/08  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRUJILLO, ZUNILDA R 4995 NW 72 AVENUE #205 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RAMIREZ, ISABEL C 4995 NW 72 AVENUE #205 MIAMI, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000130095920  
05/22/08--01039--001 \*\*150.00

000130095920  
05/22/08--01039--002 \*\*5.00

**DO NOT WRITE  
IN THIS SPACE**

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:

Zunilda Trujillo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/27/08