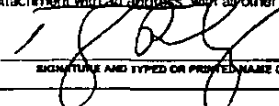


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-02-2007 90061 013 ***150.00

DOCUMENT # P05000070636			
1. Entity Name E DOMESTICS ON LINE, INC.			
Principal Place of Business 11515 SW 87TH AVE MIAMI, FL 33176		Mailing Address 11515 SW 87TH AVE MIAMI, FL 33176	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13421 S.W. 6TH ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country MIAMI MADE
33184		33184	
6. Name and Address of Current Registered Agent CHAVEZ, MARGARET 11515 SW 87TH AVE MIAMI, FL 33176		7. Name and Address of New Registered Agent Name FLORENTINO G. RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 13421 S.W. 6TH ST. City MIAMI FL Zip Code 33184	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P/D CHAVEZ, MARGARET 11515 SW 87TH AVE MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T CHAVEZ, MARGARET 11515 SW 87TH AVE MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, FLORENTINE G 13421 SW 6TH ST MIAMI, FL 33189 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, FLORENTINO G. 13421 S.W. 6TH ST. MIAMI, FL 33189 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		FLORENTINO G. RODRIGUEZ 3/28/07 (786) 301-8593	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	