


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90412 042 ***150.00

DOCUMENT # P06000082935	
1. Entity Name EDMORE ENTERPRISES, CORP.	

Principal Place of Business 6424 SW 107 PL. MIAMI, FL 33173	Mailing Address 6424 SW 107 PL. MIAMI, FL 33173
---	---

2. Principal Place of Business - No P.O. Box # 9401 NW 109TH ST Suite, Apt. #, etc.	3. Mailing Address 6424 SW 107 PL Suite, Apt. #, etc.
--	--

City & State Medley, Florida	City & State Miami, FL
Zip 33178	Country Miami Dade
Zip 33173	Country

04252007 Chg-P CR2E034 (12/06)

4. FEI Number 20-507 6937	Applied For <input type="checkbox"/> Not Applicable
-------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
MOREIRA, EDUARDO 6424 SW 107 PL. MIAMI, FL 33173

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 <input checked="" type="checkbox"/> <i>Eduardo Moreira</i>	DATE 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME MOREIRA, EDUARDO	
STREET ADDRESS 6424 SW 107 PL.	
CITY-ST-ZIP MIAMI, FL 33173	
TITLE VP	<input type="checkbox"/> Delete
NAME MOREIRA, BLANCA	
STREET ADDRESS 6424 SW 107 PL.	
CITY-ST-ZIP MIAMI, FL 33173	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: <input checked="" type="checkbox"/> <i>Eduardo Moreira</i>	DATE 4/25/07 DAYTIME PHONE # 305-582-0776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	