


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000082935 1. Entity Name EDMORE ENTERPRISES, CORP.	
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Principal Place of Business 9401 NW 109TH ST MIAMI, FL 33178	Mailing Address 6424 SW 107 PL MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5076927	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOREIRA, EDUARDO
6424 SW 107 PL.
MIAMI, FL 33173

**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 E. Moreira DATE 4/28/08

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000340298
05/28/08-80059-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOREIRA, EDUARDO 6424 SW 107 PL. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOREIRA, BLANCA 6424 SW 107 PL. MIAMI, FL 33173
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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: E. Moreira Eduardo Moreira 4/28/08 305-582-0776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #