

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125172

Entity Name: EEDM ENTERPRISE INC

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

430 PRINCESS DR  
MARGATE, FL 33068 US

## New Principal Place of Business:

1605 NW 91ST AVE. (APT. #221)  
CORAL SPRINGS, FL 33071 US

## Current Mailing Address:

430 PRINCESS DR  
MARGATE, FL 33068 US

## New Mailing Address:

P.O. BOX 938503  
MARGATE, FL 33093 US

FEI Number: 20-5644912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ESQUILIN, ERNESTO M P  
430 PRINCESS DR  
MARGATE, FL 33068 US

## Name and Address of New Registered Agent:

ESQUILIN, ERNESTO M P  
1605 NW 91ST AVE. (APT. # 221)  
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: ERNESTO M. ESQUILIN

04/23/2009

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESQUILIN, ERNESTO M P  
Address: 430 PRINCESS DR  
City-St-Zip: MARGATE, FL 33068 US

Title: VP ( ) Delete  
Name: JIMENEZ, NELSON J VP  
Address: JARDINES DE CANOVANAS CALLE #4 H-19  
City-St-Zip: CANOVANAS, PR 00729 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ESQUILIN, ERNESTO M P  
Address: P.O. BOX 938503  
City-St-Zip: MARGATE, FL 33093 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO ( ) Change (X) Addition  
Name: KENNEDY, JASMINE R CFO  
Address: 1605 NW 91ST AVE. (APT. #221)  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNESTO M. ESQUILIN

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date