

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90029 030 \*\*\*150.00

DOCUMENT # P06000143876

1. Entity Name  
EDIMA AEROSPACE, INC.



Principal Place of Business  
9120 EDENSHIRE CIRCLE  
ORLANDO, FL 32836 US

Mailing Address  
9120 EDENSHIRE CIRCLE  
ORLANDO, FL 32836 US

2. Principal Place of Business - No P.O. Box #

7300 Westpointe Blvd

Suite, Apt. #, etc.

724

City & State

Orlando FL

Zip

32835

Country  
USA

3. Mailing Address

7300 Westpointe Blvd

Suite, Apt. #, etc.

724

City & State

Orlando FL

Zip

32835

Country  
USA

01312007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5887422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, HECTOR I  
9120 EDENSHIRE CIRCLE  
ORLANDO, FL 32836

7. Name and Address of New Registered Agent

Name

Julia M. Contreras

Street Address (P.O. Box Number is Not Acceptable)

7300 Westpointe Blvd

# 724

City

Orlando

FL

Zip Code

32835

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/25/07

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

TITLE P ☐ Delete  
NAME CONTRERAS, HECTOR I  
STREET ADDRESS 9120 EDENSHIRE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE VP ☐ Delete  
NAME CONTRERAS, JULIA M  
STREET ADDRESS 9120 EDENSHIRE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Contreras, Hector  
STREET ADDRESS 7300 Westpointe Blvd # 724  
CITY-ST-ZIP Orlando, FL 32835

TITLE VP ☒ Change ☐ Addition  
NAME Contreras, Julia M.  
STREET ADDRESS 7300 Westpointe Blvd # 724  
CITY-ST-ZIP Orlando, FL 32835

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 321-5585712

Date

Daytime Phone #