

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000094263

Entity Name: EDSCORP. INC.

FILED
Aug 25, 2008
Secretary of State

Current Principal Place of Business:

2273 SW 182ND WAY
MIRAMAR, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 820112
SOUTH FLORIDA, FL 33082 US

New Mailing Address:

FEI Number: 26-0802966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, ALEXSANDRA
2273 SW 182ND WAY
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORALES, ALEXSANDRA
Address: 2273 SW 182ND WAY
City-St-Zip: MIRAMAR, FL 33029 US

Title: VP (X) Delete
Name: MORALES, EDWIN
Address: 2273 SW 182ND WAY
City-St-Zip: MIRAMAR, FL 33029 US

Title: S (X) Delete
Name: MORALES, GIOVANNA
Address: 2273 SW 182ND WAY
City-St-Zip: MIRAMAR, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ALEXSANDRA MORALES

P

08/25/2008

Electronic Signature of Signing Officer or Director

Date