

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90055 026 ***158.75

DOCUMENT # P07000119929 1. Entity Name EDSO MACHINING, INC.					
Principal Place of Business 1765 BANKS ROAD MARGATE, FL 33063 US			Mailing Address 1765 BANKS ROAD MARGATE, FL 33063 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent OSORIO, JORGE D 9900 RIVERSIDE DRIVE APT 210 CORAL SPRINGS, FL 33071				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 _____ (NOTE: Registered Agent signature required when submitting) Signature (Typed or printed name of registered agent and date if applicable)					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V OSORIO, JORGE D 9900 RIVERSIDE DRIVE, APT 210 CORAL SPRINGS, FL 33071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S OSORIO, JORGE D 9900 RIVERSIDE DRIVE, APT 210 CORAL SPRINGS, FL 33071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 persons empowered			954-825 9480		
SIGNATURE: <u>Jorge D Osorio</u> JORGE D. OSORIO 01/16/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing					