

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051364

Entity Name: FEDEA, INC.

FILED  
Apr 08, 2009  
Secretary of State

## Current Principal Place of Business:

303-305 GALEN DR APT 307  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

## Current Mailing Address:

303-305 GALEN DR APT 307  
KEY BISCAYNE, FL 33149

## New Mailing Address:

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

FEI Number: 26-2671044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD SUITE 1050  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CUARTAS, MAURICIO  
Address: 303-305 GALEN DR APT 307  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T ( ) Delete  
Name: CUARTAS, ALBERTO  
Address: 303-305 GALEN DR APT 307  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MAURICIO CUARTAS

PSD

04/08/2009

Electronic Signature of Signing Officer or Director

Date