

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91892 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000064610			
1. Entity Name KEDSO LIMITED, INC.			
Principal Place of Business 27 MISTY MEADOW DR BOYNTON BEACH, FL 33436		Mailing Address 27 MISTY MEADOW DR BOYNTON BEACH, FL 33436	
2. Principal Place of Business 16004 Preston Trail Wy Suite, Apt. #, etc.		3. Mailing Address 16004 Preston Trail Wy Suite, Apt. #, etc.	
City & State Odessa, FL		City & State Odessa, FL	
Zip 33556		Country Hillsborough	
4. FEI Number 65-0510246		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134		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 Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$400.00 Make Check Payable to Florida Department of State		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 PSD SOISSONG, KEVIN D 27 MISTY MEADOW DR BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP 16004 Preston Trail Way Odessa, FL 33556	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VTD SOISSONG, PATRICIA J 27 MISTY MEADOW DR BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP 16004 Preston Trail Way Odessa, FL 33556	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 and typed or printed name of signing officer or director		Date 4-30-2003 813-926-0307	

CR2E034 (10/02)