

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 07, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000014192

**1. Entity Name
EDS INVESTMENTS, INC.**



**Principal Place of Business
290 PINECREST DR
MIAMI SPGS, FL 33166 US**

**Mailing Address
290 PINECREST DR
MIAMI SPGS, FL 33166 US**



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0575024** **Applied For
Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOSA, ADRIANA V
290 PINECREST DR
MIAMI SPGS, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

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**

U00000658309
03/15/07-80033-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOSA, DAVID E
STREET ADDRESS	7752 NW 74 AVE.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VPD
NAME	SOSA, ERNESTO J
STREET ADDRESS	290 PINECREST DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	STD
NAME	SOSA, ADRIANA V
STREET ADDRESS	290 PINECREST DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Adriana V. Sosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07
Date

305-883-2137
Daytime Phone #

Adriana V. Sosa