

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

1. Entity Name  
EWE WAREHOUSE INVESTMENTS, INC.



Mailing Address

10165 NW 19 STREET  
MIAMI, FL 33172 US

**DO NOT WRITE IN THIS SPACE**



03222005

4. FBI Number  
65-0614848

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$8.75**

6. Name and Address of Current Registered Agent

EASTON, EDWARD W  
10165 NW 19 STREET  
MIAMI, FL 33172

**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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** (10 1/2 x 1 1/2)

10.	OFFICERS AND DIRECTORS
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TITLE	D
NAME	EASTON, EDWARD W
STREET ADDRESS	10165 NW 19 ST
CITY - ST - ZIP	MIAMI, FL 33172

TITLE	D
NAME	EASTON, EDWARD J
STREET ADDRESS	10165 NW 19 STREET
CITY - ST - ZIP	MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000283904  
04/01/05-80046-006 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Edward W. Easton

03/23/05

305-593-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_