

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000095635**

1. Entity Name

EDMA INTERNATIONAL, INC.**90066332**

Principal Place of Business

**901 PONCE DE LEON BLVD., STE. 603
CORAL GABLES FL 33134**

Mailing Address

**901 PONCE DE LEON BLVD., STE. 603
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0724816

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD., STE. 603
CORAL GABLES FL 33134**

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 not applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00!!!**After May 1, 2003 Fee will be \$550.00****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 10

TITLE	D	☐ Delete
NAME	KIRSCHENBAUM, MARIM B	
STREET ADDRESS	901 PONCE DE LEON BLVD., STE. 603	
CITY-STATE-ZIP	CORAL GABLES FL 33134	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	D	☐ Delete
NAME	CHAMA, EDUARDO	
STREET ADDRESS	901 PONCE DE LEON BLVD., STE. 603	
CITY-STATE-ZIP	CORAL GABLES FL 33134	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
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CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO CHAMA**03-21-03**

Date

Date of Filing

(30)444-1741

CR2E031 (10/02)