2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001744

Entity Name: EDWIN'S CORPORATION OF FLORIDA

FILED Sep 02, 2005 Secretary of State

		COM ON	TION OF TEORIE	`			
Current Principal Place of Business:				New Prince	New Principal Place of Business:		
	NSON STREET KE PINES, FL (6		182ND WAY , FL 33029	US	
Current Mailing Address:				New Maili	New Mailing Address:		
P.O. BOX SOUTH FL	820112 LORIDA, FL 33	30820112					
FEI Number	: 65-0630799	FEI Numbe	r Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
8860 JOHI PEMBRON	KE PINES, FL (33024 US		2273 SW ⁷ MIRAMAR	5, ALEXSAND 182ND WAY , FL 33029	RA US office or registered agent, or both,	
in the State	e of Florida.	subillits tills	statement for the p	arpose of changing	is registered	onice of registered agent, or both,	
SIGNATURE:					09/02/2005		
		3(2)(b), F.S., t	•	receive the prior notic	e.	Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () MORALES, EDV 8860 JOHNSON PEMBROKE PIN	I ST		Title: Name: Address: City-St-Zip:	P (X MORALES, EI 2273 SW 182 MIRAMAR, FL	ND WAY	
Title: Name: Address: City-St-Zip:	VP () MORALES, ALE 8860 JOHNSON PEMBROKE PIN	I ST		Title: Name: Address: City-St-Zip:	VP (X MORALES, AL 2273 SW 1821 MIRAMAR, FL	ND WAY	
Title: Name: Address: City-St-Zip:	S () MORALES, GIO 8860 JOHNSON PEMBROKE PIN	I ST		Title: Name: Address: City-St-Zip:	S (X MORALES, GI 2273 SW 1821 MIRAMAR, FL	ND WAY	
Title: Name: Address: City-St-Zip:	S () MORALES, ANT 8860 JOHNSON PEMBROKE PIN	I ST		Title: Name: Address: City-St-Zip:	S (X MORALES, AN 2273 SW 1821 MIRAMAR, FL	ND WAY	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	S (MORALES, MI 2273 SW 1821 MIRAMAR, FF	ND WAY	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEXSANDRA MORALES VP 09/02/2005