

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90365 027 \*\*\*150.00

0286421 AV

DOCUMENT # **P96000018893**

1. Entity Name  
**EDENBRIDGE, INC.**



Principal Place of Business  
**355 PALERMO AVENUE  
CORAL GABLES FL 33134  
US**

Mailing Address  
**5900 SW 107TH ST  
MIAMI FL 33156  
US**



2. Principal Place of Business  
**9703 S DIXE Hwy, FLOOR 2ND**

3. Mailing Address

Suite, Apt. #, etc.  
**2ND FLOOR**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State

4. FEI Number **65-0645870**

Applied For  
 Not Applicable

Zip **33156** Country **DADE**

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMILTON, MAIE  
5900 SW 107TH STREET  
MIAMI FL 33156**

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 *Maie Hamilton* (MAIE HAMILTON)

DATE **4/28/03**

**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 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, MAIE</b>	
STREET ADDRESS	<b>5900 SW 107TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Maie Hamilton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/03** Daytime Phone # **305 669-0885**

CR2E034 (10/02)