2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 21, 2005 08:00 AM DOCUMENT # P96000088677 **Secretary of State** 1. Entity Name ZEDI ENTERPRISE, INC. Principal Place of Business Mailing Address 7330 N.W. 54TH STREET LAUDERHILL FL 33319 7330 N.W. 54TH STREET LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BANTON, LLOYD Street Address (P.O. Box Number is Not Acceptable) 7330 N.W. 54TH STREET LAUDERHILL FL 33319 City 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May F After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change THLE THILE ☐ Ai''' ☐ Delete BANTON, LLOYD NAME NAME STREET ADDRESS 7330 N.W. 54TH STREET STREET ADDRESS LAUDERHILL FL 33319 CITY - ST - 7IP CITY-ST-ZIP THEE ☐ Defete PILE Change And are NAME NAME U00000187855 01/24/05-80032-017 150.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THLE ☐ Delete THUE Change Adding NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-ZIP MILE Delete Change Arra THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP THEF ☐ Delete OILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY SI ZIF

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 1 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 I1 changed, or on an attachment with all other like empowered

SIGNATUR

FILED