2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or or an attaching

SIGNATURE

advicess with all other like empowered.

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED .... Jan 31, 2006 08:00 AM DOCUMENT # P96000088677 1. Entity Name **Secretary of State** 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 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State NO-T APPLICABLE Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BANTON, LLOYD Street Address (P.O. Box Number is Not Acceptable) 7330 N.W. 54TH STREET LAUDERHILL FL 33319 Zip Code City 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 access the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Regislered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addi: ☐ Change ☐ Delete TITLE TITLE U00000408295 MAME NAME BANTON, LLOYD 02/08/06-80053-012 150.00 STREET ADDRESS STREET ADDRESS 7330 N.W. 54TH STREET CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Detete Change Addition TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP A ARIE ☐ Delete ☐ Change 33111 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Additi Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE Change Arr." TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 direction of the corporation or the receiver or pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1

Daytimo Phone #