

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90172 020 ***158.75

DOCUMENT # P96000099126

1. Entity Name
 EDIMAT USA, INC.



Principal Place of Business
 7500 NW 41 ST
 #104
 MIAMI, FL 33166

Mailing Address
 3116 NW 100 CT
 MIAMI, FL 33172

14020001

2. Principal Place of Business
 3116 NW 100 Ct.

3. Mailing Address
 Suite, Apt. #, etc.



03032004 Chg-P CR2E034 (10/03)

City & State
 MIAMI FL

City & State

4. FEI Number
 65-0734151

Applied For
 Not Applicable

Zip
 33172

Country
 USA

Zip
 Country

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

6. Name and Address of Current Registered Agent

GONZALEZ, IRAMA
 3116 NW 100 CT
 MIAMI, FL 33172

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FLA. DEPT OF STATE - \$ 158.75
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, IRAMA	
STREET ADDRESS	3116 NW 100 CT	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, JULIO	
STREET ADDRESS	3116 NW 100 CT	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARCIA, MIGUEL	
STREET ADDRESS	3116 NW 100 CT	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: IRAMA I. GONZALEZ *for and on behalf of* 4/23/04 (305) 4061330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #