2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2008 08:00 A Secretary of State

Signature Sign	DOCUMENT # P9700042585 1. Entity Name EDDICO, INC.					Secretary of Sta				
12:32 SW 102 ST MAMI, FL 33186 US 12: Principal Place of Business - No P O, Box # 3. Mailing Address Sulfe, Apt #, etc. Sulfe, Apt #, etc. City & State Country Country Street Address (P O Box Nurriber is Not Acceptable) City & State City & Stat	Principal Plac	ce of Business	Mailing Address	L		-				
Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. O3152008 Chg.P CR2E034 (12/06) City & State City & State City & State City & State A. FEI Number 65-0752747 Applied F. 65-0752747 S. Certification of Status Desired Sec. Required 65-0752747 S. Certification of Status Desired Sec. Required Foo Required Foo Required For R	·		-		\$					
Suite, Apt #, etc. City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$	MIAMI, FL 3	33186 US		US	,		,			
Suite, Apt #, etc. City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$										
City & State City & Country Country State Country	2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address			5		U 01/01/10/01/01/01/01/01/01/01/01/01/01/0	
Country Zip Country Zip Country Zip Country St. Cartificate of Status Desired \$8.75 Additional \$8.75 Additi	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03152008	Chg-P	CR2E0	34 (12/06)	
Country Zip Country Zip Country St. Certificate of Status Desired \$8.75 Additional Fee Required	City & State		City & State		_					oplied For ot Applicable
Street Address (P.O Box Number is Not Acceptable)	Zip	Country	Zip	Countr	у	5. Certificate o	f Status Desired			
GOMEZ, LILIA 691 SE 3 PL HIALEAH, FL 33010 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 active obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAY 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MOYA, EDDY R 14982 S.W. 69TH STREET MIAMI, FL 33193 CITY ST-2P MOYA, MARIA D 14982 S.W. 69TH STREET MOYA, MARIA D 14982 S.W. 69TH STREET MIAMI, FL 33193 CITY ST-2P MIAMI, FL 33193 Delete TITLE MAKE STREET ADDRESS CITY-ST-2P MIAMI, FL 33193 TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE		6. Name and Address of Curre	nt Registered Agent			7. Name and A	Address of New	Registered A	gent	
Street Address (P.O. Box Number is Not Acceptable) City	COME				Name					
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 act the obligations of registered agent. SIGNATURE Signatura, hyear or private name of registered agent and rete if applicable. (NOTE: Registered Agent signatura required when rehosaling) DATE FILE NOW!!! FEE IS \$150.00	691 SE 3 PL				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE. Signature, higher or private name of registery signature adultation. SIGNATURE. Signature, higher or private name of registery signature adultation. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD				}	City			FL	Zıp Cod	e
THE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP OBelete NAME STREET ADDRESS CITY-ST-ZIP OBELET STR	8. The above	named entity submits this statemen	t for the purpose of changing it	s registere	d office or register	ed agent, or both	, in the State of F		amiliar with,	and accept
### After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ### A	,	Eddy Moyes X	ent and title if applicable. (NO	TE: Registered	Agent signature required	when reinstating)		DATE	-	
TITLE				-		00 May Be ed to Fees				,
NAME SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 TITLE NAME MOYA, MARIA D STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 TITLE NAME MOYA, MARIA D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTOR	S IN 11
STREET ADDRESS 14982 S.W. 69TH STREET		1	Delete		1				Change	Addition
TITLE NAME MOYA, MARIA D STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		1			1 .		Hāānna	1863287		
TITLE NAME MOYA, MARIA D STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							04/03/03-	-80087-0	004 150	0.00
NAME STREET ADDRESS CITY-ST-ZIP NOYA, MARIA D 14982 S.W. 69TH STREET MIAMI, FL 33193 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE	1					Addition
CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME	MOYA, MARIA D		NAME					_ •	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP		1								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP		MIAMI, FL 33193		_	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP					T ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	City+ST-ZIP			CITY-S	ST - ZIP					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE					☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP				NAME						
		\		4						
					51 · ZIP				<u> </u>	
NAME Delete TITLE	TITLE NAME		☐ Delete	; TITLE NAME					Change	Addition
STREET ADDRESS STREET ADDRESS					ADORESS					
CITY-ST-ZIP CITY-ST-ZIP										
TITLE Delete IIILE Change Ade	TITLE		□ Delete	TITLE					☐ Change	Addition
NAME NAME	NAME			NAME					-	
STREET ADDRESS STREET ADDRESS					ADDRESS					
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	GITY+ST-ZIP									