2004 FOR PROFIT CORPORATION ANNUAL REPORT

-Mar 17, 2004 08:00 AM -**DOCUMENT # P97000104379 Secretary of State** EDMAR INTERNATIONAL TRADING, CORP. Principal Place of Business Mailing Address 9711 S.W. 146TH PLACE 9711 S.W. 146TH PLACE MIAMI, FL 33186 MIAML FL 33186 CR2E034 (10/03) 03102004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0800866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARIN, EDGARDO J DO NOT WRITE 9711 S.W. 146TH PLACE MIAMI, FL 33186 IN THIS SPACE 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 # applicable. (NOTE: Registered Agent aignature required when rematisting) DATE \$5.00 May Bo 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 U00000090167 Trust Fund Contribution. Added to Fees 7/04-80007-ni7 isn.no 10. OFFICERS AND DIRECTORS TITLE MARIN, EDGASRDO J NAME STREET ADDRESS 9711 S.W. 146TH PLACE CITY-SI-ZIP MIAMI, FL 33186 VD BBF MARIN, ANDY R 9711 S.W. 146TH PLACE STREET ADDRESS CffY-S7-ZP MIAMI, FL 33186 BBLE STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZP TILLE

12. I hereby certify that the information supplied with this filter does not qualify for the exemption stated in Section 119.07(3)(f). 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 employed 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 applicact, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CENTURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/15/2004 (305)380-8767

FILED