



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000012416																																										
1. Entity Name EDGEWATER BAY INVESTMENTS, INC.																																										
Principal Place of Business 4225 WEST 16TH AVENUE HIALEAH, FL 33012	Mailing Address 4225 WEST 16TH AVENUE HIALEAH, FL 33012	 04152004 No Chg-P CR2E034 (10/03) <table border="1"><tr><td>4. FEI Number 65-0894130</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0894130	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent GARCIA, VIVIAN P 4225 W. 16 AVENUE HIALEAH, FL 33012		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reissuing) Signature, typed or printed name of registered agent and title if applicable. DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>GARCIA, VIVIAN P</td></tr><tr><td>STREET ADDRESS</td><td>4225 WEST 16TH AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>HIALEAH, FL 33012</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>SPETKO, MICHAEL</td></tr><tr><td>STREET ADDRESS</td><td>4225 WEST 16TH AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>HIALEAH, FL 33012</td></tr><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>GARCIA, RAMON</td></tr><tr><td>STREET ADDRESS</td><td>4225 W 16 AVE</td></tr><tr><td>CITY-ST-ZIP</td><td>HIALEAH, FL 33012</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	GARCIA, VIVIAN P	STREET ADDRESS	4225 WEST 16TH AVENUE	CITY-ST-ZIP	HIALEAH, FL 33012	TITLE	D	NAME	SPETKO, MICHAEL	STREET ADDRESS	4225 WEST 16TH AVENUE	CITY-ST-ZIP	HIALEAH, FL 33012	TITLE	P	NAME	GARCIA, RAMON	STREET ADDRESS	4225 W 16 AVE	CITY-ST-ZIP	HIALEAH, FL 33012	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE 1000000118965 04/19/04-80081-013 150.00
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12. I hereby certify that the information supplied with this filing 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 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 and all other like empowered. SIGNATURE: _____ Michael Spetko Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/16/04 Daytime Phone # _____																																										