



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90284 001 ***150.00

DOCUMENT # P99000027834 1. Entity Name ELECTRONIC DEPOT ENTERPRISES CORP.					
Principal Place of Business 1820 N. CORPORATE LAKES BLVD. 306 FORT LAUDERDALE, FL 33326			Mailing Address 1820 N. CORPORATE LAKES BLVD. 306 FORT LAUDERDALE, FL 33326		
2. Principal Place of Business <u>7220 N.W. 36 ST.</u> Suite, Apt. #, etc. <u>STE 311</u> City & State <u>MIAMI, FL</u> Zip <u>33166</u>		3. Mailing Address <u>7220 N.W. 36 ST.</u> Suite, Apt. #, etc. <u>STE 311</u> City & State <u>MIAMI, FL</u> Zip <u>33166</u>			
4. FEI Number 65-0921501		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLIS, ERWIN DIAZ P.A. 3501 SW 107 AVE MIAMI, FL 33165			7. Name and Address of New Registered Agent Name <u>GRUSHOFF & ROSADA, INC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6299 W. SUNRISE BLVD.</u> <u>SUITE 211 A</u> City <u>PLANTATION</u> <u>FL</u> Zip Code <u>33313</u>		
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 <u>[Signature]</u> <u>4/5/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BADILLO CELIS, MIGUEL H <input type="checkbox"/> Delete 1820 N. CORPORATE LAKES BLVD. #306 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>7220 N.W. 36 ST., SUITE 311</u> <u>MIAMI, FL 33166</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOJICA ZAMBRANO, PEDRO MIGUEL <input type="checkbox"/> Delete 1820 N. CORPORATE LAKES BLVD. #306 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>7220 N.W. 36 ST., SUITE 311</u> <u>MIAMI, FL 33166</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>04-05-04</u> <small>Date</small>		

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04052004 Chg-P CR2E034 (10/03)