FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

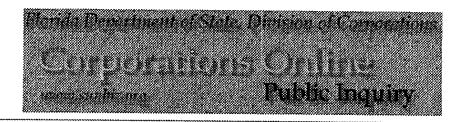
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 15, 2002 8:00 am Secretary of State

1. Entity Name				05-15-2002 90105 024 ***155.00	
Edgecombe Enterprises Corp					
a:					
	DO NOT WRI	TE IN THIS SI	PACE		
	lace of Business	3. Mailing Address			
(036) Suite, Apt.	nw 76th Ave	2 7627 W. F	orouxurd Blud	DO NOT WRITE IN	THIS SPACE
City & State		City & State) <u>)</u>	4. FEI Number	Applied For
Zip	Country 2 C	Pidricator	Country	650925815	\$9.75 Audition 1
<u> </u>	91 D2	<u> </u>	Country	5. Certificate of Status Desired	Fee Required
			Name SO1	7. Name and Address of Current Reg	Stered Agent
	DO NOT	WRITE	Street Address (P.O. Box Number is Not Acceptable)	P. T.
	IN THIS	SPACE O	3/12 I	Almeria Ava.	
			City	1 GOLDES	FL 没受eっ./
8. The above	named entity submits this statem	pent for the purpose of changing its	registered office or register	red agent, or both, in the State of Florida.	
	$\left(\begin{array}{c} \lambda - M \end{array} \right)$	\\\\\\ _	Jermy Web		1/10/22
SIGNATURE .	Signature, typed or/printed name of registere		Registered Agent signature required	0 \(\frac{4}{2} \) (when reinstating)	DATE
	oration is eligible to satisfy its Inta		ay 1 Fee is \$150.00 1, Fee is \$550.00	10. Election Campaign Financia	ng \$5.00 May Be
	equirement and elects to do so. ia on back)	- 'Amende	d UBR is \$61.25 ble to Department of Sta	Trust Fund Contribution.	Added to Fees
11.	11.	AND DIRECTORS			# 10 () () () () () () () () () (
TITLE NAME	Vice President	Secretary	TITLE NAME		
STREET ADDRESS :	7027 W. S	Ziangal Blook 203	STREET ADDRESS CITY-ST-ZIP		
TITLE	Presedent / *	heaven	mue a se		
NAME STREET ADORESS	N . N . I	hby Bludt 205	NAME STREET AUDRESS		
CITY-ST-ZIP	Plantation	12 12 12 12 12 12 12 12 12 12 12 12 12 1	CITY-ST-ZIP		
TITLE NAME			NAME		
STREET ADDRESS			STREET ADDRESS	DO NOT W	DITE : 1
CITY-ST-ZIP TITLE			CITY:ST:ZIP.		
NAME		,,	NAME	IN THIS SP	ACE
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		· · · · · · · · · · · · · · · · · · ·	ME .		
NAME STREET ADDRESS			NAME IN THE STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	The state of the s	
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
13. I hereby o	certify that the information supplie	d with this filing does not qualify for	the exemption stated in Se	ction 119.07(3)(i), Florida Statutes. I furth	ner certify that the information
of the cor	Off this tenant of suppliemental re	port is true and accurate and that n e empowered to execute this repor	au cianatura chali haya tha .	oranie legal effect as if made under oath; 07, Florida Statutes; and that my name a	*L ** 1



Division of Corporations



Florida Profit

EDGECOMBE ENTERPRISES CORP.

PRINCIPAL ADDRESS 630 NORTHWEST 76TH AVENUE PLANTATION FL 33324

MAILING ADDRESS PMB #205 7027 W BROWARD BLVD PLANTATION FL 33317

Changed 05/19/2000

Document Number P99000050695

FL

FEI Number 650925815

Status ACTIVE **Date Filed** 06/04/1999

Effective Date NONE

Registered Agent

Name & Address

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134

Officer/Director Detail

Name & Address	Title
WEHBY, DAVID S 630 NORTHWEST 76TH AVENUE	PTD
PLANTATION FL 33324	
WEHBY, JEREMY D 630 NORTHWEST 76TH AVENUE	SVD
PLANTATION FL 33324	