2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90264 026 ***150.00

DOCUMENT # P99000065165

1. Entity Name
EDEN'S LAND INC.

Principal Place of Business	Mailing Address
4674 SW 127 PLACE MIAMI, FL 33175	4674 SW 127 PLACE MIAMI, FL 33175

02222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
24000 SW 207 AVE		24000 SW 207 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HOMESTEAD		City & State: HOMESTEAD	
Zip: 33031	Country: DADE	Zip: 33031	Country: DADE

4. FEI Number: 65-5936750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, NORMA
4674 SW 127 PLACE
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name: MARTINEZ NORMA
Street Address (P.O. Box Number is Not Acceptable): 24000 SW 207 AVE
City: HOMESTEAD FL Zip Code: 33031

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____________________________________

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D MARTINEZ, NORMA 4674 SW 127 PLACE MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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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)(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: [signature] PRESIDENT 02/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date