

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000078082 1. Entity Name EDGE BUSINESS MANAGEMENT, CORP.			Secretary of State				
Principal Place of Business 2101 SW 56TH TERRACE HOLLYWOOD, FL 33023	Mailing Address 2101 SW 56TH TERRACE HOLLYWOOD, FL 33023	 01072006 No Chg-P CR2E034 (11/05)					
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">4. FEI Number 65-0954051</td> <td style="width: 20%;">Applied For <input type="checkbox"/></td> </tr> <tr> <td>5. Certificate of Status Desired <input type="checkbox"/></td> <td>\$8.75 Additional Fee Required</td> </tr> </table>		4. FEI Number 65-0954051	Applied For <input type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent BRANDAO, EDUARDO 2101 SW 56TH TERRACE HOLLYWOOD, FL 33023		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>					
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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		 01/20/06-80014-003 150.00					
TITLE	PD	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>					
NAME	BRANDAO, EDUARDO						
STREET ADDRESS	2101 SW 56TH TERRACE						
CITY-ST-ZIP	HOLLYWOOD, FL 33023						
TITLE							
NAME							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Eduardo Brandao		Date: January 9/06 Daytime Phone #: 9549672299					