

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000088840	
1. Entity Name EDO 2000, INC.	

FILED
04 NOV 18 AM 10: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 187 SE MIZNER BLVD 39 BOCA RATON, FL 33432	Mailing Address 187 SE MIZNER BLVD 39 BOCA RATON, FL 33432
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 901 Bermuda Gardens Rd Suite, Apt. #, etc.
City & State	City & State Delray Beach, FL
Zip Country	Zip Country



11152004 Chg-P CR2E034 (10/03)

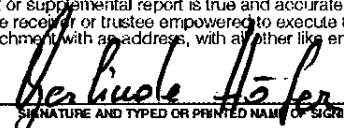
6. Name and Address of Current Registered Agent DEVERT, GUY 187 SE MIZNER BLVD 39 BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name Kenneth Stevens Street Address (P.O. Box Number is Not Acceptable) 412 NE 4th Street City Fort Lauderdale FL Zip Code 33301	
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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  Signature typed or printed name of registered agent and title if applicable.	DATE 11/15/04 (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVERT, GUY 187 SE MIZNER BLVD BOCA RATON, FL 33432 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gerlinde Hofer 901 Bermuda Gardens Road Delray Beach, FL 33483-6420 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042865088 11/18/04--01027--003 **\$61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 another like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11/16/04 Daytime Phone #