

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # S89551 1. Entity Name ENVIRONMENTAL DEVICES, INC.																																																																																																																	
Principal Place of Business 10176 SW 126TH ST MIAMI FL 33176			Mailing Address 10176 SW 126TH ST MIAMI FL 33176																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip		Country		4. FEI Number 65-0314789																																																																																																													
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent BARON, ELEANOR 10176 SW 126TH STREET MIAMI FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																													
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BARON, MARVIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10176 SW 126TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33176</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP,D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BARON, ELEANOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10176 SW 126TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33176</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">U00000438782</td> <td style="width: 10%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>03/01/06-80019-024 150.00</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PD	☐ Delete	NAME	BARON, MARVIN		STREET ADDRESS	10176 SW 126TH ST		CITY-ST-ZIP	MIAMI FL 33176		TITLE	VP,D	☐ Delete	NAME	BARON, ELEANOR		STREET ADDRESS	10176 SW 126TH ST		CITY-ST-ZIP	MIAMI FL 33176		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	U00000438782	☐ Change ☐ Add	NAME			STREET ADDRESS			CITY-ST-ZIP	03/01/06-80019-024 150.00		TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Ellie Baron</u> ELLIE BARON																																																																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																	
Date: 2/14/06																																																																																																																	
Daytime Phone if: 305-253-21																																																																																																																	