

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90040 015 \*\*\*150.00

DOCUMENT # 227168  
1. Entity Name  
Dadea Investment Corp. ✓

851686

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5722 S. FLAMINGO ROAD  
Suite, Apt. #, etc.  
#333  
City & State  
FORT LAUDERDALE, FL  
Zip  
33330  
Country  
U.S.

3. Mailing Address  
← SAME  
Suite, Apt. #, etc.  
City & State  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
13-615837a  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
Name  
U.S. Corporation Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYES ST.  
STE. LOS  
City  
Tallahussee FL Zip Code  
32301

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
PD	Shearer, Barbara 5722 S. FLAMINGO ROAD, #333 FORT LAUDERDALE, FL 33330		
STD	Bailey, Elizabeth 5722 S. FLAMINGO ROAD #333 FORT LAUDERDALE, FL 33330		
VO	Rogers, Roy 5722 S. FLAMINGO ROAD #333 FORT LAUDERDALE, FL 33330		
		<b>DO NOT WRITE IN THIS SPACE</b>	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Shearer Barbara Shearer 4/28/02 (954) 382-0945  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)