

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # 739541

1. Entity Name
AYUDA, INC.



Principal Place of Business
**7118 BYRON AVENUE
MIAMI BEACH, FL 33141 US**

Mailing Address
**P.O. BOX 414597
MIAMI BEACH, FL 33141**



05212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1761257

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUSI, DIANA
7118 BYRON AVE
MIAMI BCH, FL 33141**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDC
SUSI, DIANA
7118 BYRON AVENUE
MIAMI, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO
EGOZI, JEANNETTE
7118 BYRON AVE
MIAMI, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCR
AVERBACH, SUSAN
7118 BYRON AVE
MIAMI, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SUSI, DORA
7118 BYRON AVE
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
GAGLIARDI, ILEANA
7118 BYRON AVE
MIAMI, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000785341
05/31/07-80036-004 70.00

**DO NOT WRITE
IN THIS SPACE**

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Diana Susi - DIANA SUSI 5-21-07 844-7447
305