

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90279 016 ***150.00

DOCUMENT # P02000066071 1. Entity Name AMADI & SONS ENTERPRISES CORPORATION					
Principal Place of Business 410 NW 202 TER MIAMI GARDENS, FL 33169			Mailing Address 410 NW 202 TER MIAMI GARDENS, FL 33169		
2. Principal Place of Business 1525 NW 170th Avenue		3. Mailing Address 1525 NW 170th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pembroke Pines Florida		City & State Pembroke Pines, Florida		4. FEI Number 61-1415296	
Zip 33028		Country Broward		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AMADI, BENJAMIN M 410 NW 202 TER MIAMI GARDENS, FL 33169			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1525 NW 170th Avenue City Pembroke Pines, FL		
Zip Code 33028			Zip Code 33028		
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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMADI, ORUENE 410 NW 202 TER MIAMI GARDENS, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1525 NW 170th Avenue Pembroke Pines, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMADI, FREDERICK 410 NW 202 TER MIAMI GARDENS, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1525 NW 170th Avenue Pembroke Pines, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADI, TAMUNOTEKENA 410 NW 202 TER MIAMI GARDENS, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1525 NW 170th Avenue Pembroke Pines, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO AMADI, BENJAMIN 410 NW 202 TER MIAMI GARDENS, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1525 NW 170th Avenue Pembroke Pines, FL 33028	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Benjamin Amadi</u> Benjamin Amadi, CEO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/27/04 <small>Date</small>		786-229-6388 <small>Daytime Phone #</small>