
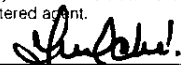



**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90064 037 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

94067012

<b>DOCUMENT # P03000025304</b>			
1. Entity Name <b>ACTIVE DEMAND AND SUPPLY ENTERPRICE, INC.</b>			
Principal Place of Business <b>18111 NW 68 AVE., F201 MIAMI, FL 33015</b>		Mailing Address <b>18111 NW 68 AVE., F201 MIAMI, FL 33015</b>	
2. Principal Place of Business <b>9725 FONTAINEBLEAU 9725 FONTAINEBLEAU BLVD</b> Suite, Apt. #, etc. <b>BLVD APT 112</b>		3. Mailing Address <b>9725 FONTAINEBLEAU BLVD</b> Suite, Apt. #, etc. <b>APT 112</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33172</b>		Country <b>USA</b>	
Zip <b>33172</b>		Country <b>USA</b>	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ACHE, YOSMAR A 18111 NW 68 AVE., F201 MIAMI, FL 33015</b>		7. Name and Address of New Registered Agent Name <b>ACHE YOSMAR A</b> Street Address (P.O. Box Number is Not Acceptable) <b>9725 FONTAINEBLEAU BLVD APT 112</b> City <b>MIAMI FL</b> Zip Code <b>FL 33172</b>	
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  <b>April 21, 2004</b> _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD ACHE, YOSMAR A 18111 NW 68 AVE., F201 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:  <b>April 21 2004 7863550208</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			