


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 509042</b> 1. Entity Name AMADO ENTERPRISES, INC.	
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Principal Place of Business 9131 FOUNTAINBLEU BLVD. UNIT #9 MIAMI, FL 33172	Mailing Address 9131 FOUNTAINBLEU BLVD. UNIT #9 MIAMI, FL 33172
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**DO NOT WRITE IN THIS SPACE**



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1697659	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  ORTEGA, ZORAIDA 9131 FOUNTAINBLEU BLVD UNIT 9 MIAMI, FL 33172	<b>DO NOT WRITE IN THIS SPACE</b>
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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 ZORAIDA ORTEGA *Zoraida Ortega* 07/13/07  
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 \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AMADO, MIGUEL 9131 FOUNTAINBLEU BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AMADO, NEYRA 9131 FOUNTAINBLEU BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000768844  
07/16/07-80004-002 550.00

**DO NOT WRITE  
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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 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: *Zoraida Ortega* 07/13/07 3065256328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #