2008 FOR PROFIT CORPORATION

Feb 11, 2008 08:00 AN **ANNUAL REPORT Secretary of State DOCUMENT # 509042** 1. Entity Name AMADO ENTERPRISES, INC. Principal Place of Business Mailing Address 9131 FOUNTAINBLEU BLVD. 9131 FOUNTAINBLEU BLVD. UNIT #9 UNIT #9 MIAMI, FL 33172 MIAMI, FL 33172 02022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1697659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORTEGA, ZORAIDA DO NOT WRITE 9131 FOUNTAINBLEU BLVD UNIT 9 IN THIS SPACE MIAMI, FL 33172 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. makes SIGNATURE ZORAIDA URTEGA 02/07/08 (NOTE Registered Agent argnature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS U00000821597 TITLE 02/19/09-80033-015 150.00 NAME AMADO, MIGUEL 9131 FOUNTAINBLEAU BLVD. STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME AMADO, NEYRA STREET ADDRESS 9131 FOUNTAINBLEAU BLVD. CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF SICER OR DIRECTOR

FILED