


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90047 023 ***150.00

DOCUMENT # F03000004833 1. Entity Name AUDEMAT-AZTEC, INC.					
Principal Place of Business 1021 IVES DAIRY ROAD SUITE #117 MIAMI, FL 33179			Mailing Address 1021 IVES DAIRY ROAD SUITE #117 MIAMI, FL 33179		
2. Principal Place of Business - No P.O. Box # 19595 NE 10 AVE		3. Mailing Address 19595 NE 10 AVE			
Suite, Apt. #, etc. STE A		Suite, Apt. #, etc. STE A			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 52-2180745	
Zip 33179		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROST, BRUNO 1021 IVES DAIRY ROAD SUITE #117 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19595 NE 10 AVE SUITE A City MIAMI FL Zip Code 33179			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PST ROST, BRUNO 1021 IVES DAIRY ROAD -SUITE #117 MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	19595 NE 10 AVE STE A MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ROST, BRUNO 1021 IVES DAIRY ROAD - SUITE #117 MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	19595 NE 10 AVE STE A MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP POULAIN, CHRISTOPHE 2111 NE 210TH ST MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	19595 NE 10 AVE STE A MIAMI, FL 33179
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	
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	
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

40006547



01142008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable