

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F24189

Entity Name: ADMA, CORP.

FILED  
Feb 23, 2005  
Secretary of State

**Current Principal Place of Business:**

9100 S DADELAND BLVD  
SUITE 1412  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9100 S DADELAND BLVD  
SUITE 1412  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 59-2082364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GARCIA, HORACIO  
6850 RIVIERA DR  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MENENDEZ, PEDRO  
Address: 435 LEUCADENDRA DRIVE  
City-St-Zip: CORAL GABLES, FL 33156

Title: SDV ( ) Delete  
Name: GARCIA, HORACIO  
Address: 6850 RIVIERA DR  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HORACIO GARCIA

SDV

02/23/2005

Electronic Signature of Signing Officer or Director

Date