

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # **M15971**

1. Entity Name

Adnilag, Inc

FILED

02 DEC 30 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9796 Coral Way

Suite, Apt. #, etc.

3. Mailing Address

9796 Coral Way

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

City & State

Miami, FL

Zip

33165

Country

4. FEI Number

59-2541225

Applied for

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Madeline Galindo

Street Address (P.O. Box Number is Not Acceptable)

9796 Coral Way

City

Miami

FL

Zip Code

33165

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

[Signature]

Signature typed on printed name of registered agent and also if applicable:

NOT: Registered Agent signature required when changing:

DA/L

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back.)

January 1, May 1, or October 1

Annual Fee: \$100.00

Annual Fee: \$100.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: **PDS**
NAME: **Madeline Galindo**
STREET ADDRESS: **9796 Coral Way**
CITY - ST - ZIP: **Miami, FL 33165**

TITLE:
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STREET ADDRESS:
CITY - ST - ZIP:

400010013264
01/10/03--01046--001 *FL350.00

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

Signature typed on printed name of signing officer or director

6/26/02

Use

Do not leave blank

page 2 of 2

ODNILAG, INC.
DOC.# M 15971

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

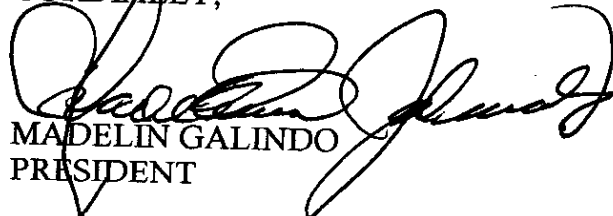
TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED NOTICE FROM YOUR OFFICE. PLEASE TAKE THIS (2002 UBR)
LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT
STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER...
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER
DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE
ANNUAL REPORT.

CORDIALLY,


MADELIN GALINDO
PRESIDENT