


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90270 007 ****70.00

DOCUMENT # N02000002832		
1. Entity Name UDAF, INC.		

Principal Place of Business 3674 DAVIE BLVD FT LAUDERDALE, FL 33312	Mailing Address 13807 CALLINGTON DR WELLINGTON, FL 33414
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132005 Chg-NP CR2E037 (10/03)

4. FEI Number
01-0553883

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
DAMISSE, EMILE 13807 CALLINGTON DR WELLINGTON, FL 33414	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	DAMISSE, EMILE
STREET ADDRESS	13807 CALLINGTON DR
CITY - ST - ZIP	WELLINGTON, FL 33414
TITLE	VP <input type="checkbox"/> Delete
NAME	EDOUARD, WEBERT
STREET ADDRESS	344 SE 11TH AVE APT 2
CITY - ST - ZIP	POMPANO BEACH, FL 33060
TITLE	S <input type="checkbox"/> Delete
NAME	EXCELLENT, GERALD
STREET ADDRESS	6044 NW 45 WAY
CITY - ST - ZIP	COCONUT CREEK, FL 33073
TITLE	D <input type="checkbox"/> Delete
NAME	BIENVENU, MICHELET
STREET ADDRESS	5495 NW 10TH CT, APT 205
CITY - ST - ZIP	PLANTATION, FL 33313
TITLE	D <input type="checkbox"/> Delete
NAME	S-T HUBERT, LEANT
STREET ADDRESS	1700 NW 58TH TERR, APT 1R
CITY - ST - ZIP	SUNRISE, FL 33313
TITLE	T <input type="checkbox"/> Delete
NAME	BOSSE, GLADYS
STREET ADDRESS	6860 NW 45 COURT
CITY - ST - ZIP	LANUDERHILL, FL 33319

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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:  **President** **4/26/05** **561-762-4981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #