## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002832

Entity Name: UDAF, INC.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Apr 15, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3674 DAVIE BLVD FT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** 13807 CALLINGTON DR WELLINGTON, FL 33414 FEI Number: 01-0553883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAMISSE, EMILE 13807 CALLINGTON DR WELLINGTON, FL 33414 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition ( ) Delete DAMISSE, EMILE DAMISSE, EMILE P Name: Name: 13807 CALLINGTON DR Address: 13807 CALLINGTON DR Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 Title: () Delete Title: () Change () Addition EDOUARD, WEBERT Name: Name: Address: 344 SE 11TH AVE APT 2 Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: () Delete Title: () Change () Addition EXCELLENT, GERALD Name: Name: 6044 NW 45 WAY Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: BIENVENU, MICHELET Name: Address: 5495 NW 10TH CT, APT 205 Address: City-St-Zip: PLANTATION, FL 33313 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: EMILE DAMISSE P 04/15/2007

( ) Delete

() Delete

1700 NW 58TH TERR, APT 1R

S-T HUBERT, LEANT

SUNRISE, FL 33313

BOSSE, GLADYS

6860 NW 45 COURT

LANUDERHILL, FL 33319

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