

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002832

FILED
Apr 29, 2008
Secretary of State

Entity Name: UDAF, INC.

Current Principal Place of Business:

3674 DAVIE BLVD
FT LAUDERDALE, FL 33312

New Principal Place of Business:

13807 CALLINGTON DRIVE
WELLINGTON, FL 33414

Current Mailing Address:

13807 CALLINGTON DR
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 01-0553883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMISSE, EMILE
13807 CALLINGTON DR
WELLINGTON, FL 33414 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAMISSE, EMILE P
Address: 13807 CALLINGTON DR
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: EDOUARD, WEBERT
Address: 344 SE 11TH AVE APT 2
City-St-Zip: POMPANO BEACH, FL 33060

Title: S () Delete
Name: EXCELLENT, GERALD
Address: 6044 NW 45 WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: BIENVENU, MICHELET
Address: 5495 NW 10TH CT, APT 205
City-St-Zip: PLANTATION, FL 33313

Title: D () Delete
Name: S-T HUBERT, LEANT
Address: 1700 NW 58TH TERR, APT 1R
City-St-Zip: SUNRISE, FL 33313

Title: T () Delete
Name: BOSSE, GLADYS
Address: 6860 NW 45 COURT
City-St-Zip: LANUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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.

SIGNATURE: EMILE DAMISSE

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date