2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N02000007796

Entity Name: UDAB, INC.

Current Principal Place of Business:

2994 NW 55TH AVE
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

2994 NW 55TH AVE
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DORLUS, THOMAS
9341 NW 39TH CT
SUNRISE, FL 33351 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:	DIUVEILLE, WILMEN	
Address:	2994 NW 55TH AVE	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	VP	( ) Delete
Name:	DORLUS, ELISMA	
Address:	5031 NW 18TH ST	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	T	( ) Delete
Name:	MORANCY, GERALD	
Address:	4220 NW 36 WAY	
City-St-Zip:	LAUDERDALE LAKES, FL 33309	
Title:	SD	( ) Delete
Name:	DORLUS, THOMAS	
Address:	9341 NW 39TH COURT	
City-St-Zip:	SUNRISE, FL 33351	

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:	

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: THOMAS DORLUS P 05/06/2009

Electronic Signature of Signing Officer or Director — Date