

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004209

FILED  
Feb 12, 2006  
Secretary of State

Entity Name: ADIMULA CULTURAL FOUNDATION, INC.

## Current Principal Place of Business:

142 EAST 19 STREET  
HIALEAH - MIAMI, FL 33010

## New Principal Place of Business:

## Current Mailing Address:

142 EAST 19 STREET  
HIALEAH - MIAMI, FL 33010

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMMED, ADEGBOYEGA N  
142 EAST 19 STREET  
HIALEAH - MIAMI, FL 33010 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: HAMMED, ADEGBOYEGA N  
Address: 142 EAST 19 STREET  
City-St-Zip: HIALEAH, FL 33010

Title: VP (X) Delete  
Name: SANTOS, JOSE CARLOS R  
Address: 14609 PINE GLEN CIRCLE  
City-St-Zip: LUTZ, FL 33559

Title: T (X) Delete  
Name: WILLIAMS, CARROLL E  
Address: 14025 N.W. 17TH AVENUE  
City-St-Zip: MIAMI, FL 33167

Title: S ( ) Delete  
Name: STEWART, CHARLES L  
Address: 142 EAST 19 STREET  
City-St-Zip: HIALEAH, FL 33010

Title: S (X) Delete  
Name: SANTOS, LUCIO ANTONIO R  
Address: 14609 PINE GLEN CIRCLE  
City-St-Zip: LUTZ, FL 33559

## 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 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: JOSE CARLOS SANTOS

NA

02/12/2006

Electronic Signature of Signing Officer or Director

Date