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# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 NOV -7 PM 2:34

DOCUMENT # N05000006521

1. Entity Name  
MEN OF ADAM, INC.



Principal Place of Business  
5129 NW 17TH AVENUE  
MIAMI, FL 33142

Mailing Address  
5129 NW 17TH AVENUE  
MIAMI, FL 33142

2. Principal Place of Business  
*Men of Adam*

3. Mailing Address  
*Men of Adam*

Suite, Apt. #, etc.  
*5129 N.W. 17th Ave*

Suite, Apt. #, etc.  
*5129 N.W. 17th Ave*

City & State  
*Miami, FL*

City & State  
*Miami, FL*

Zip  
*33147*

Country  
*U.S.A.*

Zip  
*33147*

Country  
*U.S.A.*



**REINSTATEMENT**

08112006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL  
6111 WEST 24TH COURT BLDG 12 UNIT 101  
HIALEAH, FL 33016

4. FEI Number  
EIN# *27-0127832*

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
*Williams Michael*

Street Address (P.O. Box Number is Not Acceptable)  
*6111 West 24th Court Bldg 12 Unit 101*

City  
*Hialeah FL 33016 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, MICHAEL 6111 W. 24TH COURT BLDG. 12 #101 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HALLMAN, ROLANDO 5129 NW 17TH AVENUE MIAMI, FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAJOR, ADOLPHIS 5129 NW 17TH AVENUE MIAMI, FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000090148880 09/25/06--01053--016 **\$1.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000090148880 09/25/06--01053--017 **\$0.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Rolando L. Hallman* 09/06/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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October 10, 2006

Attention: Ms. Tina Carter  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Carter,

Please accept this letter as a Letter of Wavier. I was able to track the package and find the name of the recipient who was Damien Patterson. I have attached a copy of the receipt and certified Post marked Certified Mail receipt. I am hoping that the information provided will expedite the reinstatement of the organization. Thank you for your cooperation in this matter.

Thank you



Rolando S. Hallmon  
Vice President of Men of Adam

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Attachments

Doc# N05000006521

