

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000006521**

1. Entity Name  
**MEN OF ADAM, INC.**



Principal Place of Business  
**5129 NW 17TH AVENUE  
MIAMI, FL 33147**

Mailing Address  
**5129 NW 17TH AVENUE  
MIAMI, FL 33147**



03192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**27-0127832**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

*Rolando Hallman*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/30/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WILLIAMS, MICHAEL  
6111 W. 24TH COURT BLDG. 12 #101  
HIALEAH, FL 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
HALLMAN, ROLANDO  
5129 NW 17TH AVENUE  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MAJOR, ADOLPHIS  
5129 NW 17TH AVENUE  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/11/07-80061-025 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 Hallman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/30/07 (305) 836-8390*