


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
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 27-0127832	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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* DATE: *3/30/07*

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 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/11/07-80061-025 70.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #