2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001734

FELDMAN, KATHY

3575 MATHESON AVE

COCONUT GROVE, FL 33133

Name:

Address:

City-St-Zip:

FILED Feb 25, 2009 Secretary of State

Entity Nai	me: ENTRAD <i>a</i>	A CORPORATION			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3645 STE\ MIAMI, FL	WART AVE 33133				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3645 STE\ MIAMI, FL	WART AVE 33133				
FEI Number	:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
FELDMAN, BENNETT 2685 LEJEUNE RD SUITE 514 CORAL GABLES, FL 33134 US			FELDMAN, BENNETT 2655 LEJEUNE RD SUITE 514 CORAL GABLES, FL:	2655 LEJEÚNE RD	
	named entity s e of Florida.	ubmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				02/25/2009	
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () HERMAN, BRAD 3645 STEWART COCONUT GRO	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () FELDMAN, BENI 3575 MATHESO COCONUT GRO	N AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () CAUNDEO, AGU 3620 CURTIS LA COCONUT GRO	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BENNETT FELDMAN V 02/25/2009