


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000022004
1. Entity Name
ADIMATIONS, INC.



Principal Place of Business Mailing Address
8500 SW 122 STREET 8500 SW 122 STREET
MIAMI, FL 33156 MIAMI, FL 33156



DO NOT WRITE IN THIS SPACE

03162005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0986206 Not Applicable

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

6. Name and Address of Current Registered Agent

 NAVARRETE, OCTAVIANO
 8500 SW 122 STREET
 MIAMI, FL 33156

**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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

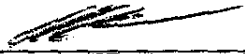
U00000345009
04/30/05-80019-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	NAVARRETE, OCTAVIANO
STREET ADDRESS	8500 SW 122 STREET
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	VTD
NAME	STEVENS, VICTORIA T
STREET ADDRESS	8500 SW 122 STREET
CITY - ST - ZIP	MIAMI, FL 33156
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: ✓  ✓ 4/25/05 ✓ 305-772-5609

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