2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000022004

1. Entity Name ADIMATIONS, INC.



Mailing Address

Principal Place of Business 8500 SW 122 STREET MIAM!, FL 33156

8500 SW 122 STREET MIAMI, FL 33156

FILED Apr 30, 2007 08:00 AM Secretary of State



04042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0986206 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

NAVARRETE, OCTAVIANO 8500 SW 122 STREET MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

The above named e	ntity submits this statement for the p	urpose of changing its registered of	fice or registered agent, or bo	th, in the State of Florida.	I am familiar with, and accept
the obligations of re	gistered agent.	•			
_	•				
0101147.105					

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000746603

DATE

<u>05/16/</u>07-80075-007 150.00

10. OFFICERS AND DIRECTORS **PSD** TITLE NAVARRETE, OCTAVIANO NAME STREET ADDRESS 8500 SW 122 STREET CITY-ST-7IP MIAMI, FL 33156 TITLE STEVENS, VICTORIA T NAME 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

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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Novanner=4/25/07 (305) 252-0070