


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000022004 1. Entity Name ADIMATIONS, INC.	
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Principal Place of Business 8500 SW 122 STREET MIAMI, FL 33156	Mailing Address 8500 SW 122 STREET MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0986206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAVARRETE, OCTAVIANO 8500 SW 122 STREET MIAMI, FL 33156
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NAVARRETE, OCTAVIANO 8500 SW 122 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STEVENS, VICTORIA T 8500 SW 122 STREET MIAMI, FL 33156
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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: OCTAVIANO NAVARRETE 4/25/08 (305) 252-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #