


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000007333</b> 1. Entity Name ADUACOM, INC.	
---	---

Principal Place of Business 6995 NW 82 AVE BAY #43 MIAMI, FL 33166	Mailing Address 6995 NW 82 AVE BAY #43 MIAMI, FL 33166
---	---



04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1070879	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**

RAMIREZ, NANCY  
6560 NW 114 AVE  
APT #536  
MIAMI, FL 33178

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RAMIREZ, NANCY 6560 NW 114 AVE #536 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, JOSE 6560 NW 114 AVE #536 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE CANDIDO, ANDRES E 6560 NW 114 AVE #536 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000000358256  
05204/05-80106-008 150.00

**DO NOT WRITE  
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)(b), 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: Nancy Ramirez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/29/05  
Date