2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007333

Entity Name: ADUACOM, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
6995 NW BAY #43 MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6995 NW BAY #43					
MIAMI, FL FEI Number	33166 :: 65-1070879	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			,	Name and Address of New Registered Agent:	
The above	114 AVE 33178 US	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent				Date	
		93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD (RAMIREZ, NA 6560 NW 114 MIAMI, FL 33	AVE #536	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (RAMIREZ, JO 6560 NW 114 MIAMI, FL 33	AVE #536	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (DE CANDIDO, 6560 NW 114 MIAMI, FL 33	AVE #536	Title: Name: Address: City-St-Zip:	() 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY RAMIREZ PSD 05/01/2009