
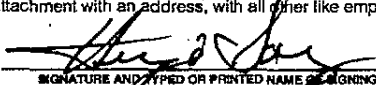


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000059762		
1. Entity Name ADVANCED DOCUMENT MANAGEMENT & SOLUTIONS, INC.		
Principal Place of Business 10239 SW 159 PLACE MIAMI, FL 33196	Mailing Address 10239 SW 159 PLACE MIAMI, FL 33196	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SANCHEZ, HUGO 10239 SW 159 PLACE MIAMI, FL 33196		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1000000130549 04/26/04-80121-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, HUGO 10239 SW 159 PLACE MIAMI, FL 33196	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/22/04 305-382-2284 <small>Date Daytime Phone #</small>