

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101517

Entity Name: S.D.A. PRODUCT INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

16400 NW 2ND AVENUE
SUITE 101
N. MIAMI, FL 33169

Current Mailing Address:

16400 NW 2ND AVENUE
SUITE 101
N. MIAMI, FL 33169

New Principal Place of Business:

16401 NW 2ND AVENUE
SUITE 100
N. MIAMI, FL 33169

New Mailing Address:

16401 NW 2ND AVENUE
SUITE 100
N. MIAMI, FL 33169

FEI Number: 65-1154964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTMAN, SANDFORD D DR.
16400 NW 2ND AVENUE
SUITE 101
N. MIAMI, FL 33169 US

Name and Address of New Registered Agent:

ALTMAN, SANDFORD D DR.
16401 NW 2ND AVENUE
SUITE 202-A
N. MIAMI, FL 33169 US

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.

SIGNATURE: SANFORD D ALTMAN

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALTMAN, SANDFORD D DR.
Address: 16400 NW 2ND AVVE SUITE 101
City-St-Zip: N. MIAMI, FL 33169

Title: VP () Delete
Name: RUSSELL, SIMON
Address: 16400 NW 2ND AVENUE, #101
City-St-Zip: NORTH MIAMI BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALTMAN, SANDFORD D DR.
Address: 16401 NW 2ND AVVE SUITE 202-A
City-St-Zip: N. MIAMI, FL 33169

Title: VP (X) Change () Addition
Name: RUSSELL, SIMON
Address: 16401 NW 2ND AVENUE, #100
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: SANFORD D ALTMAN

DP

04/23/2008

Electronic Signature of Signing Officer or Director

Date