	005 FOR PROFIT ANNUAL I		Ņ	F	eb 28, 1 Secreta	ILED 2005 8:0 ary of S	tate
DOCUM 1. Entity Name ADY'S INC				01-24-2005	>v041 V10 ****1	50.00	
9781 SW 721 MIAMI, FL 33	ND ST	Mailing Address 9781 SW 72ND ST MIAMI, FL 33173		}	660029		
	O NOT WRITE			01102005	No Chg-P	CR2E034 (10/03)	
			CE	4. FEI Number 52-2355 5. Certificate			
GONZALE 9781 SW 7 MIAMI, FL	33173	gistered Agent			NOT W HIS SP		
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  Streams, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)  DATE							
	E NOW!!! FEE IS \$150.00 sy 1, 2005 Fee will be \$550.00	<u> l</u>		.00 May Be ded to Fees		•	,
10. TITLE NAME STREET ADDRESS' CITY-ST-ZIP	P GONZALEZ, ADELADA 9781'SW 72ND ST MIAMI, FL 33173	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-2P							
NUME STREET ADDRESS CITY-ST-ZIP					NOT W		
NAME STREET ADDRESS CITY-ST-ZIP					I IIIO OF	ACE	
NAME STREET ADDRESS CITY-ST-ZIP		/					
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	certify that the information supplied with t	his filling does not qualify for the ex	remption stated in S	ection 119.07(3)	i), Florida Statutes.	I further certify that the I	nformation
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 cath; 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:  SIGNATURE:  SIGNATURE OF PRINTED HAME OF FROMED OFFICER ON DIRECTOR  Deprine Prove 9							