2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P02000064658

Entity Name: IDANIA ENTERPRISES, INC.

Current Principal Place of Business:

229 NW 22ND AVENUE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

229 NW 22ND AVENUE
MIAMI, FL 33125

New Mailing Address:

FEI Number: 04-3686920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, ADAILMA
229 NW 22ND AVE.
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RAMOS, ADAILMA
Address: 229 NW 22ND AVE.
City-St-Zip: MIAMI, FL 33125

Title: DTS ( ) Delete
Name: TORRES, JESUS
Address: 9411 SW 4TH AVENUE, APT 101
City-St-Zip: MIAMI, FL 33174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SECR (X) Change ( ) Addition
Name: TORRES, JESUS
Address: 9411 SW 4TH AVENUE, APT 101
City-St-Zip: MIAMI, FL 33174

Title: TREA ( ) Change (X) Addition
Name: CAPOTE, LAZARO E
Address: 2166 NW 3RD ST
City-St-Zip: MIAMI, FL 33125

Title: VICE ( ) Change (X) Addition
Name: REYES, JHONY
Address: 1900 NW 15TH AVE
City-St-Zip: MIAMI, FL 33125

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: ADA RAMOS PRE 04/21/2009

Electronic Signature of Signing Officer or Director — Date