

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000013445					
1. Entity Name AMERICAN DIGITAL TELECOMMUNICATIONS, INC.					
Principal Place of Business 8201 NW 8 ST. SUITE 510 MIAMI, FL 33126			Mailing Address 8201 NW 8 ST. SUITE 510 MIAMI, FL 33126		
2. Principal Place of Business 1719 NW 79 AVE		3. Mailing Address 1719 NW 79 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 41-2077589	
Zip 33126		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHARAMA, WILLIAM J 8201 NW 8 ST. SUITE 510 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name William J. Charama Street Address (P.O. Box Number is Not Acceptable) 1719 NW 79 AVE City Miami FL Zip Code 33126		
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 DATE 04-26-04					
Signature, typed on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHARAMA, WILLIAM J <input type="checkbox"/> Delete 8201 NW 8 ST. SUITE 510 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP William J. Charama <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1719 NW 79 AVE Miami, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Orestes Hernandez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1719 NW 79 AVE Miami, FL 33126				
000035821110 05/10/04-01074-003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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: DATE 04-26-04					
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					