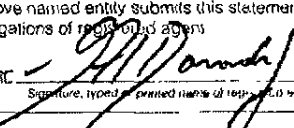
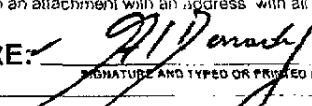


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000072551 1. Entity Name A.D. MARKETING INTERNATIONAL CORP.					
Principal Place of Business 14045 SW 139TH CT MIAMI, FL 33186-5575			Mailing Address 14045 SW 139TH CT MIAMI, FL 33186-5575		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03292006 Chg-P CR2E034 (11/05)	
4. FEI Number 55-0838333				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONADO, ALVARO L 14045 SW 139TH CT MIAMI, FL 33186-5575			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐		
\$5.00 May Be Added to Fees			04-03-06		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD DONADO, ALVARO L 14045 SW 139TH CT MIAMI, FL 331865575	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TO DONADO, JACQUELINE E 14045 SW 139TH CT MIAMI, FL 331865575	☐ Delete	04/21/06 0495896 04/21/06 80029-015 150.00		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DONADO, LUIS C 14045 SW 139TH CT MIAMI, FL 331865575	☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LLINAS, JUAN C 14045 SW 139TH CT MIAMI, FL 331865575	☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			04-03-06 (786) 357-3844		