

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90160 040 ***150.00

DOCUMENT # P04000085277 1. Entity Name ADONAI ENTERPRISES, INC.					
Principal Place of Business 7940 N NOB HILL ROAD 4-102 TAMARAC, FL 33321			Mailing Address 7940 N NOB HILL ROAD 4-102 TAMARAC, FL 33321		
2. Principal Place of Business 4323 Reflections Blvd. Suite, Apt. #, etc. # 204 City & State Surprise, FL Zip 33351		3. Mailing Address 4323 Reflections Blvd. Suite, Apt. #, etc. # 204 City & State Surprise, FL Zip 33351			
4. FEI Number 20-1184846		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HARLEY, DARRYL 7940 N NOB HILL ROAD 4-102 TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name Harley, Darryl Street Address (P.O. Box Number is Not Acceptable) 4323 Reflections Blvd # 204 City Surprise FL Zip Code 33351		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARLEY, DARRYL 461 NW 67TH AVE PLANTATION, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERBERT, KHARI 461 NW 67TH AVE PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARLEY, RACHEL 7940 N NOB HILL ROAD TAMARAC, FL 333121	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORVILUS, FRANCE 461 NW 67TH AVE PLANTATION, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>Darryl Harley - Darryl Harley</u> 03/01/06 (554) 678-7253 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					