

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

06 DEC -7 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000095833**

1. Entity Name

Amada Services, Corp



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3991 NW, 11 ST

Suite, Apt. #, etc.

Suite E-8

City & State

Miami FL

Zip

33126

Country

Dade

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

30-5983561

Applied For
N/A Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Cea, Anastasia**

Street Address (P.O. Box Number is Not Acceptable)

3991 NW, 11 ST, APT. E-8

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

[Signature]

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when administering)

DATE

500082468995

12/12/06--01030--020 **300.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$6125

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐ Trust Fund Contribution

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **Cea, Anastasia**
STREET ADDRESS **3991 NW, 11 ST, APT. E-8**
CITY-ST-ZIP **Miami, FL 33126**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

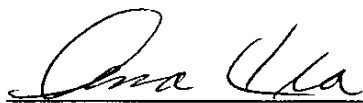
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$ 300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005 and 2006 or any other notice from the Division of Corporations in respect with the Corporation **AMADA SERVICES, CORP.**

Thank you for your courtesy in this matter.

A handwritten signature in cursive script, appearing to read "Ana CEA", is written over a horizontal line.

ANA A. CEA
PRESIDENT