2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/25/2008-90060-001-$8.75-$8.75 *
8/25/2008-90060-002-$5.00-$5.00

FILED

08 OCT -1 AM 9:51

SECRETARY OF STATE

2nd MOORE CR2E034 (4/08)

DOCUMENT # P05000008305

1. Entity Name
E & A DADO INC.

Principal Place of Business	Mailing Address
1190 ROCK SPRINGS DRIVE MELBOURNE FL 32940 US	1190 ROCK SPRINGS DRIVE MELBOURNE FL 32940 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: AP-PLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, DIAHN L ESQUIRE
7025 NORTH WICKHAM ROAD
SUITE 113-B
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P,S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORY, EDUARDO	NAME	400136535694
STREET ADDRESS	1190 ROCK SPRINGS DRIVE	STREET ADDRESS	10/01/08--01052--022 **150.00
CITY-ST-ZIP	MELBOURNE FL 32940	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Eduardo Mory — Aug. 18 2008 — 321 254 5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #