

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059155

FILED
Apr 26, 2009
Secretary of State

Entity Name: ALL DIGITAL COMMUNICATIONS INC

Current Principal Place of Business:

318 INDIAN TRACE
SUITE 309
WESTON, FL 33326

New Principal Place of Business:

14629 SW 104TH. STREET
SUITE 266
MIAMI, FL 33186

Current Mailing Address:

318 INDIAN TRACE
SUITE 309
WESTON, FL 33326

New Mailing Address:

14629 SW 104TH. STREET
SUITE 266
MIAMI, FL 33186

FEI Number: 20-2716776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, ELEONORA
318 INDIAN TRACE
SUITE 309
WESTON, FL 33326 US

Name and Address of New Registered Agent:

VARGAS, ELEONORA
14629 SW 104TH. STREET
SUITE 266
MIAMI, FL 33186 US

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.

SIGNATURE: ELEONORA VARGAS

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARGAS, ELEONORA
Address: 318 INDIAN TRACE SUITE 309
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: VALDERRAMA, OLGA I
Address: 318 INDIAN TRACE SUITE 309
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VARGAS, ELEONORA
Address: 14629 SW 104TH. STREET SUITE 266
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change () Addition
Name: VALDERRAMA, OLGA I
Address: 14629 SW 104TH. STREET #266
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEONORA VARGAS

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date