


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90451 020 ***150.00

DOCUMENT # P05000113108 1. Entity Name UDOLKIN ENTERPRISES INC.					
Principal Place of Business 13491 SW 40TH LANE MIAMI, FL 33175				Mailing Address 13491 SW 40TH LANE MIAMI, FL 33175	
2. Principal Place of Business 13915 SW 18 ST.		3. Mailing Address 13915 SW 18 ST.		60031607  04262006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33175		Zip 33175		4. FEI Number 05-0626017	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UDOLKIN, MIRYAM 13491 SW 40TH LANE MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13915 SW 18 ST. City MIAMI FL Zip Code 33175	
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  DATE 4/26/06 <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 UDOLKIN, VASILEY 13491 SW 40TH LANE MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UDOLKIN, MIRYAM 13491 SW 40TH LANE MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			Date 4/26/06 (786) 287-7356		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					