

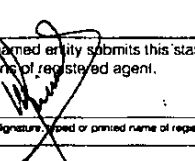
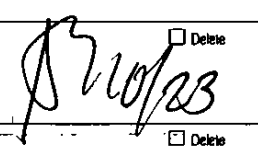
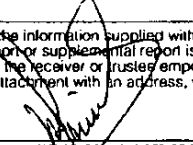


9/13/2007-90001-029-\$150.00-\$150.00

DOCUMENT # P06000034810 1. Entity Name AMADOR'S TECHNOLOGY SYSTEMS, INC.				FILED 07 OCT 22 PM 1:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 00001722 	
Principal Place of Business 7832 COLLINS AVENUE UNIT NO. 605 MIAMI BEACH, FL 33141		Mailing Address 7832 COLLINS AVENUE UNIT NO. 605 MIAMI BEACH, FL 33141			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08212007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-4469199 <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMADOR, MIGUEL 7832 COLLINS AVENUE UNIT NO. 605 MIAMI BEACH, FL 33141				Name MIGUEL ALCIDES AMADOR	
				Street Address (P.O. Box Number is Not Acceptable) 7832 COLLINS AVENUE	
				Unit No. UNIT NO. 605	
				City MIAMI BEACH, FL	Zip Code 33141
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:  (NOTE: Registered Agent signature required when resigning) 08/22/2007 DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADOR, MIGUEL 7832 COLLINS AVENUE UNIT NO. 605 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MIGUEL ALCIDES AMADOR 7832 COLLINS AVENUE #605 MIAMI BEACH, FLORIDA 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  08/22/2007 DATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #					