

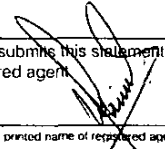
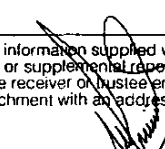


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90034 024 ***150.00

DOCUMENT # P06000034810 1. Entity Name AMADOR'S TECHNOLOGY SYSTEMS, INC.					
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 # 7832 COLLINS AVENUE Suite, Apt. #, etc. UNIT NO. 505		3. Mailing Address 7832 COLLINS AVENUE Suite, Apt. #, etc. UNIT NO. 505			
City & State MIAMI BEACH, FLORIDA Zip 33141		City & State MIAMI BEACH, FLORIDA Zip 33141		4. FEI Number 20-4469199	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMADOR, MIGUEL A 7832 COLLINS AVENUE UNIT NO. 605 MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name AMADOR, MIGUEL A. Street Address (P.O.-Box Number is Not Acceptable) 7832 COLLINS AVENUE UNIT NO. 505 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 reinstating) DATE: May 12, 2008					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input 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	DP AMADOR, MIGUEL A 7832 COLLINS AVENUE #605 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AMADOR, MIGUEL A. 7832 COLLINS AVENUE NO. 505 MIAMI BEACH, FLORIDA 33141	<input checked="" 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
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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"/> 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: 			May 12, 2008 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					