

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037501

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: ADVANCED DEVELOPMENT AND INSPECTION SERVICES, INC.

## Current Principal Place of Business:

19810 SW 118TH PLACE  
MIAMI, FL 33177 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 570694  
MIAMI, FL 33257 US

## New Mailing Address:

FEI Number: 16-1769615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENJAMIN, GLORIA A  
19810 SW 118TH PLACE  
MIAMI, FL 33177 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: BENJAMIN, VALENCIA I  
Address: 3465 NW 50 AVENUE  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VP ( ) Delete  
Name: BENJAMIN, GLORIA A  
Address: 19810 SW 118 PLACE  
City-St-Zip: MIAMI, FL 33177 US

Title: SD ( ) Delete  
Name: BENJAMIN, YVETTE I  
Address: 4369 PORT LANE  
City-St-Zip: POWDER SPRINGS, GA 30127 US

Title: P ( ) Delete  
Name: BENJAMIN, AUSTIN E  
Address: 19810 SW 118 PLACE  
City-St-Zip: MIAMI, FL 33177 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BENJAMIN, GLORIA A  
Address: 19810 SW 118 PLACE  
City-St-Zip: MIAMI, FL 33177 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BENJAMIN, AUSTIN E  
Address: 19810 SW 118 PLACE  
City-St-Zip: MIAMI, FL 33177 US

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: AUSTIN E BENJAMIN

VP

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date