## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000104727

Entity Name: AN ADAM'S MAN ORGANIZATION, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2470 NW 1 MIAMI, FL					
Current M	ailing Address	s:	New Mailing Addres	New Mailing Address:	
2470 NW 1 MIAMI, FL					
FEI Number:	20-5361712	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
THOMPSC 2495 NW 1 MIAMI, FL					
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
		c Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () WALKER, FABIA 2470 NW 111TH MIAMI, FL 3316	IST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MOXEY, VERNO 8522 NW 14TH 0 MIAMI, FL 3314	CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SECR () ROQUE, RAUL 8211 NW 13TH / MIAMI, FL 3314		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KNOWLES, WIL 201 SW 68TH W		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TRES () THOMPSON, BR 2495 NW 111TH		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: FABIAN WALKER PRES 02/05/2009

City-St-Zip: MIAMI, FL 33167 US