

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000141104

Entity Name: KADEZ MANAGEMENT SOLUTIONS , INC.

FILED
Oct 15, 2009
Secretary of State

Current Principal Place of Business:

7801 ALHAMBRA BLVD
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

7801 ALHAMBRA BLVD
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 61-1512540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ANTONIO
7801 ALHAMBRA BLVD
MIRAMAR, FL 33023 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACKSON, LOUDLE
Address: 7801 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023 US

Title: VP () Delete
Name: JACKSON, IMOLYN
Address: 7801 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023 US

Title: MM () Delete
Name: EDMAND, TAMIKA
Address: 7801 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023 US

Title: CFO () Delete
Name: HORACE, SCOTT
Address: 7801 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023 US

Title: SECR () Delete
Name: JACKSON, MELISSA
Address: 7801 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023 US

Title: TD () Delete
Name: BRADSHAW, OPAL
Address: 7801 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MM (X) Change () Addition
Name: SAINTL, CEDON
Address: 7801 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023 US

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

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

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

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: LOUDLE JACKSON

P

10/15/2009

Electronic Signature of Signing Officer or Director

Date