# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 17, 2008**
**Secretary of State**

DOCUMENT# P07000094608

**Entity Name:** ADMRT, INC.

**Current Principal Place of Business:**

1504 BAY RD., SUITE 1605
MIAMI, FL 33139

**New Principal Place of Business:**

3315 RICE STREET
COCONUT GROVE, FL 33133

**Current Mailing Address:**

1504 BAY RD., SUITE 1605
MIAMI, FL 33139

**New Mailing Address:**

3315 RICE STREET
COCONUT GROVE, FL 33133

**FEI Number: 26-0769022** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEISS SEROTA HELFMAN PASTORIZA COLE & BONI
2525 PONCE DE LEON BLVD., SUITE 700
CORAL GABLES, FL 33134 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: PD ( ) Delete
Name: STEPHENS, DAMIAN
Address: 1504 BAY RD., SUITE 1605
City-St-Zip: MIAMI, FL 33139

Title: VP ( ) Delete
Name: MARKUS, TIMOTHY
Address: 1504 BAY RD., SUITE 1605
City-St-Zip: MIAMI, FL 33139

Title: S ( ) Delete
Name: OLMO, MICHAEL
Address: 1504 BAY RD., SUITE 1605
City-St-Zip: MIAMI, FL 33139

Title: T ( ) Delete
Name: PEREIRA, AMNER
Address: 1504 BAY RD., SUITE 1605
City-St-Zip: MIAMI, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DAMIAN STEPHENS PD 03/17/2008
Electronic Signature of Signing Officer or Director — Date