## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000040334

Entity Name: ASAADA CORP

City-St-Zip:

DORAL, FL 33178 US

FILED Apr 30, 2009 Secretary of State

Littly Na	IIIE. ASAADA	CORP					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
10415 NW 41ST STREET DORAL, FL 33178			# 20	260 CRANDON BLVD # 20 KEY BISCAYNE, FL 33149			
Current M	lailing Addres	ss:	New Maili	New Mailing Address:			
10415 NW DORAL, F	/ 41ST STREE L 33178	Т	# 20	260 CRANDON BLVD # 20 KEY BISCAYNE, FL 33149			
FEI Number	: 26-2462877	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	I ( )	
Name and	d Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
ENTERPR 10415 NW DORAL, F	41ST STREE		10305 NW # 219	ENTERPRISE RESOURCE PLANNING, INC 10305 NW 41 STREET # 219 DORAL, FL 33178 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	ffice or registered agent, o	or both,	
SIGNATU	RE: ERP			04/30/2009			
	Electron	nic Signature of Registered Ag	ent		Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P,D ( ARIAS, DIEGO 8660 NW 5 TR MIAMI, FL 331	# 103	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SANDOVAL, D	RIVER DR # 1411	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address:	T,D ( AMOROSI, ANI		Title: Name:	()	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: ANDRES AMOROSI TD 04/30/2009