2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000078898

MADDOL IMPODE & EVDODE INC

FILED Dec 08, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place	New Principal Place of Business:	
3900 NW 79 AVE 542 DORAL, FL 33166			
Current Mailing Address:	New Mailing Address	::	
3900 NW 79 AVE 342 DORAL, FL 33166	P.O. BOX 163106 MIAMI, FL 33116		
FEI Number: 26-3280596 FEI Number Applie	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered	Agent: Name and Address of	Name and Address of New Registered Agent:	
MARTINEZ, MARTHA I 11364 NW 3 ST MIAMI, FL 33172 US			
The above named entity submits this statem n the State of Florida.	ent for the purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Rec	istered Agent	Date	

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition Title: () Delete MARTINEZ, MARTHA I MARTINEZ, MARTHA I Name: Name: P.O. BOX 163912 P.O. BOX 163106 Address: Address: City-St-Zip: MIAMI, FL 33116 City-St-Zip: MIAMI, FL 33116 Title: VΡ () Delete Title: (X) Change () Addition

FITZPATRICK, MARIA VARGAS, WANDA Name: Address: 3900 NW 79 AVE SUITE 642 Address: P.O. BOX 163106 City-St-Zip: DORAL, FL 33166 City-St-Zip: MIAMI, FL 33116

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: MARTHA MARTINEZ Ρ 12/08/2009