2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 26, 2007 8:00 am Secretary of State

DOCUMENT # P94000021820 1. Entity Name AMAD CORPORATION					07-26-2007 90032 036 ***550.00					
Principal Plac	e of Business	Mailing Address	Mailing Address							
1402 NW 82		P.O. BOX 558687								
MIAMI, FL 3	3126	MIAMI, FL 33255 US			Ì .					
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2. Principal F	Place of Business - No P.O. Box # Nu) 14 A STREET	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		07092007 Chg-P CR2E034 (12/06)					
City & Stat		City & State	City & State		4. FEI Number 65-04831	019			plied For t Applicable	
	Zip Country Zip 33-126 USA		Country		5. Certificate of	·	□ \$8.7	5 Add Required	itional	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent			
MENDOTA ACUSTINO DOSO			Name	Name						
MENDOZA, AGUSTIN G PRES. 5301 S.W. 62 AVE. MIAMI, FL 33155			Street A	ddress (P.O. Box Number	is Not Acceptable	*)			
			City				FL Z	ip Code	······································	
9 The above	a named antity nulpoits this statement for	naistared office a	receiotor	and agant, or both	in the State of Ele		ar with	200 20001		
8. 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. It am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed native of registered agent and tide if applicable (INOTE: Registered Agent signature required when reinstalling) DATE										
FILE NOWIII FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution					.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRE	CTORS	SIN 11	
TITLE	DP	☐ Delete	TITLE					Сһалде	Addition	
NAME STREET ADDRESS	MENDOZA, AGUSTIN G PRES 5301 S.W. 62 AVE.		NAME STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33155		CHY-S1-ZIP							
TITLE	D	☐ Delete TIT						Change	Addition	
NAME	ZAMORA, EDGAR V NAI		NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP						ĺ	
· · · · · · · · · · · · · · · · · · ·	MIAMI, FL 33126		.					· hanna	- Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			770710-1			_	
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TITLE NAME		☐ Delete	NAME				<u> </u>	n e nge	☐ MUUIIIUII	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>						
12. Thereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this executor, problemental legacy to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this executor, problemental legacy to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this executor, problemental legacy to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is the exemption of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is the exemption of the exemption of the exemption is the exemption of the										

12. Hereby certify that the information supplied with this time does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental feport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trusfee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _~

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

301- fff- 0344 xx