

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90104 001 ***150.00

DOCUMENT # P96000062715

1. Entity Name

WDA-NADA, CORP.



Principal Place of Business

650 E HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address

650 E HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1985 S. OCEAN DRIVE 15N

1985 S. OCEAN DRIVE apt 15N

City & State

City & State

HALLANDALE, FLORIDA

HALLANDALE FL.

Zip

Country

Zip

Country

33009

33009

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IMAMOVIC, VIDA
2186 NE 56TH STREET
APT. #107
FT. LAUDERDALE FL 33308

Name **IMAMOVIC, HADA**

Street Address (P.O. Box Number is Not Acceptable)

1985 S. OCEAN DRIVE apt. 15N

City **HALLANDALE**

FL

Zip Code

33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nada Imamovic* **HADA IMAMOVIC**

4.11.05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **IMAMOVIC, NADA**
STREET ADDRESS **724 NE 3RD ST**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS **1985 S. OCEAN DRIVE apt 15N**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nada Imamovic* **HADA IMAMOVIC** 4.11.05 954-454-8118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #