2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700085496 1. Entity Name CUDA ENTERPRISES, INC.

FILED
Jan 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

15200 S.W. 232ND STREET MIAMI, FL 33170 US 15200 S.W. 232ND STREET MIAMI, FL 33170 US



DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, WILLIAM F 4770 BISCAYNE BLVD STE 960 MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	000000591237 01/19/97-80014-020 150.00	
10.	OFFICERS AND DIREC	CTORS	1		01/10/01 00 01/ 000 100/0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANTLEY, WILLIAM 15200 SW 232 ST MIAMI, FL 33170				÷	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRANTLEY, AURORA 15200 SW 232 ST MIAMI, FL 33170					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this fijing ross not qualify for the exemptions contained 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 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 than the changed.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICENCY DIRECTOR

12/07 305-245-1155