2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000071704

1. Entity Name
ADIDAK, INC.

Principal Place of Business	Mailing Address
15851 SW 41ST ST STE 100 FORT LAUDERDALE, FL 33331	15851 SW 41ST ST STE 100 FORT LAUDERDALE, FL 33331

DO NOT WRITE IN THIS SPACE

05042004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0278071		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LECHNER, CARL
2530 WHALE HARBOR DRIVE
FT LAUDERDALE, FL 33312

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000001170164 08/16/04-80004-007 550.00

10.   OFFICERS AND DIRECTORS

TITLE	PVD
NAME	LECHNER, CARL
STREET ADDRESS	2530 WHALE HARBOR DRIVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   CARL J. Lechner   5/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #