

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093643

FILED
Mar 28, 2009
Secretary of State

Entity Name: ADMICES CORPORATION

Current Principal Place of Business:

2899 COLLINS AVENUE
SUITE G
MIAMI BEACH, FL 33140

New Principal Place of Business:

2899 COLLINS AVENUE
#PHG
MIAMI BEACH, FL 33140 US

Current Mailing Address:

2899 COLLINS AVENUE
PHG
MIAMI BEACH, FL 331404422

New Mailing Address:

2899 COLLINS AVENUE
#PHG
MIAMI BEACH, FL 33140 US

FEI Number: 65-0956276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TESTERS, JEAN
2899 COLLINS AVENUE
PHG
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

TESTERS, JEAN
2899 COLLINS AVENUE
#PHG
MIAMI BEACH, FL 33140 US

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.

SIGNATURE:

03/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TESTERS, JEAN
Address: 2899 COLLINS AVE. SUITE G
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: TESTERS, JEAN
Address: 2899 COLLINS AVE. #PHG
City-St-Zip: MIAMI BEACH, FL 33140 US

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: JEAN TESTERS

PSTD

03/28/2009

Electronic Signature of Signing Officer or Director

Date