

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000066071

**FILED**  
**Jan 17, 2015**  
**Secretary of State**  
**CC3960653565**

**Entity Name:** AMADI & SONS ENTERPRISES CORPORATION

**Current Principal Place of Business:**

410 NW 202 TERRACE  
MIAMI, FL 33169

**Current Mailing Address:**

410 NW 202 TERRACE  
MIAMI, FL 33169

**FEI Number:** 61-1415296

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMADI, BENJAMIN M  
410 NW 202 TERRACE  
MIAMI, FL 33169 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	AMADI, ORUENE	Name	AMADI, FREDERICK
Address	410 NW 202 TERRACE	Address	410 NW 202 TERRACE
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33169
Title	D	Title	CEO
Name	AMADI, TAMUNOTEKENA	Name	AMADI, BENJAMIN
Address	410 NW 202 TERRACE	Address	410 NW 202 TERRACE
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33169
Title	CFO		
Name	AMADI, OLGUINE B		
Address	410 NW 202 TERRACE		
City-State-Zip:	MIAMI FL 33169		

*I hereby 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 all other like empowered.*

**SIGNATURE:** BENJAMIN M. AMADI

**CEO**

**01/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date