



**2007 FOR PROFIT CORPORATION ,
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P0000084726 1. Entity Name A D & D INVESTMENTS INC.	
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Principal Place of Business 8106 NW 162ND STREET MIAMI, FL	Mailing Address 8106 NW 162ND STREET MIAMI, FL
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1038326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILIAN, DELIA
8106 NW 162ND STREET
MIAMI, FL

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILIAN, ANA 8106 NW 162ND STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILIAN, DALIA 8106 NW 162ND STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILIAN, DELIA 8106 NW 162ND STREET MIAMI, FL
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IN THIS SPACE**

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04/16/07-80007-012 150.00

12. I hereby certify that the information supplied with this filing does 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 like empowered.

SIGNATURE: _____ **4/3/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #