


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000020094 1. Entity Name ADOLPHE CORPORATION	
--	---

Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134
--	--

DO NOT WRITE IN THIS SPACE



01122000 No Chg P CR2E034 (11/05)

4. FEI Number 42-1578270	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

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD. SUITE 603
CORAL GABLES, FL 33134

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 _____ DATE _____

Signature: Used by principal name of registered agent and file it accordingly. (NOTE: Registered Agent signature required when renewing)

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

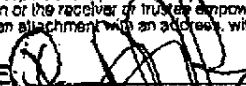
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May be Added to Fees

U00000505979
04/27/06-80004-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ABRIL ANTONIO 901 PONCE DE LEON BLVD.. #608 CORAL GABLES, FL
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 complies with 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  DATE 4/10/06 OFFICE PHONE # (305) 444-1741

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Abrie