2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000077488

1. Entity Name
ADAPTECH SYSTEMS AND SERVICES, INC.

Principal Place of Business	Mailing Address
16003 EMERALD COVE RD. WESTON, FL 33331	4060 SHERIDAN ST. STE C HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

05092008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0864191	Not Applicable

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

6. Name and Address of Current Registered Agent

ABELLA, RICARDO
16003 EMERALD COVE RD
WESTON, FL 33331

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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)

U00000951104
06/04/08-80019-009 150.00
DATE

FILE NOW!!! FEE IS $150.00 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ABELLA, RICARDO
STREET ADDRESS	16003 EMERALD COVE RD.
CITY-ST-ZIP	WESTON, FL 33331

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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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 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: _____   05-09-08   954-385-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #