2004 FOR PROFIT CORPORATION ANNUAL REPORT

				mu me	p _i	
DOCUMENT # P99000017 1. Entity Name ADRIAN FAMILY PARTNERSHIP, IN		77	FILE C	1 7: 55		
17713 277		CO THE SEC		GRETART UI LAHASSEE,	TIALL	
Principal Place of Business Mailing Address 2460 S.W. 137TH AVE., STE. 238. 2460 S.W. 137TH AVE., STE. 238			- · [Al	Lahabete,	ELONOA	
SUITE 221	21					
MIAMI, FL 33175-	MIAMI, FL 33175					
2. Principal Place of Business 2460 SW 131 AVE.	137 Ave. 124605W 131 Ave.					
Suite, Apt. #, etc. Suite 238	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/03)
City & State Miami, Florida	City & State Mi ani, Florida		4. FEI Numbe 65-093			Applied For Not Applicable
Zip 33175 Country USA	2ip 33175	Country	5. Certificate	of Status Desired	□ \$8.75 Ac Fee Requir	
Name and Address of Current	Registered Agent	Nome	7. Name and	Address of New R	egistered Agent	-
A&P REGISTERED AGENTS, INC.				gistere		Inc.
-2 450 S.W. 137TH AVE., STE. 22 6 Street Address 1			ess (P.O. Box Number 12)	Pris Not Acceptable	re	1
Sui			iite 2	31		
		City $oldsymbol{\mathcal{L}}$	liani		FL Zip Co	de, 75
8. The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its re	egistered office or reg	gistered agent, or bo	th, in the State of Fic	orida. I am familiar with	n, and accept
	12 Grete	1 Pode	in 1P4	Prosid	ent 41	104
SIGNATURE Signature, type-that printed name of registered agent	and title applicable. (NOTE:	Registered Agent signature re	duired when reinstating)	4 1 6 2100	DATE	10
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10. OFFICERS AND		11.	ADDITIONS		ICERS AND DIRECTO	
TITLE D NAME ADRIAN, PEDRO	☐ Delete	TITLE NAME	31 05/12	000361 2/0401033	L 9335666 3022 **15	_ =
STREET ADDRESS 2460 S.W. 137TH AVE., STE. 23	8	STREET ADDRESS			- SEE - 1.10.	J. 00
CITY-ST-ZIP MIAMI, FL 33175	☐ Delete	CITY-ST-ZIP			☐ Change	☐ Addition
NAME ADRIAN, ADRIA	☐ Detete	NAME				□ Addition
1	_ · · · · · · · · · · · · · · · · · · ·					
TITLE PST	☐ Delete	CITY-ST-ZIP TITLE			☐ Change	Addition
NAME ADRIAN, PEDRO		NAME STOREST ADDRESS				
STREET ADDRESS 2460 SW 137 AVE STE 238		STREET ADDRESS CITY-ST-ZIP				
тпсе	☐ Delete	TITLE V	ICE-PRES	TN3016	☐ Change	Addition
NAME STREET ADDRESS	NAME STREE		140A, CA	EMEN, C. 37 AVE, S	TE. Z38	
CITY-ST-ZIP		CITY-ST-ZIP	LIAMI, A	- 3317	5	
TITLE NAME	☐ Delete	TITLE NAME	,		☐ Change	☐ Addition
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with	this filing does not qualify for t	he exemption stated	in Section 119.07(3)	(i), Florida Statutes.	I further certify that the	information
indicated on this report or supplemental report in of the corporation or the receiver or trustee empty changed, or on an attachment with an address,	s true and accurate and that my owered to execute this report a	y signature shall have	the same legal effer	ct as if made under	oath; that I am an offic	er or director
SIGNATURE:	Can	7/	41510	54 12	505)221-	<i>15</i> 15
CIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	RDIRECTOR	11-1	Date	Daytime Plone	i . i -