


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 APR 22 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017358
1. Entity Name
ADRIAN FAMILY PARTNERSHIP, INC.



Principal Place of Business: 2460 S.W. 137TH AVE., STE. 238, SUITE 224, MIAMI, FL 33175
Mailing Address: 2460 S.W. 137TH AVE., STE. 238, SUITE 224, MIAMI, FL 33175

2. Principal Place of Business: 2460 SW 137 Ave., Suite 238, Miami, Florida, Zip 33175, Country USA
3. Mailing Address: 2460 SW 137 Ave., Suite 238, Miami, Florida, Zip 33175, Country USA



04012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent: A&P REGISTERED AGENTS, INC., 2450 S.W. 137TH AVE., STE. 226, MIAMI, FL 33175

4. FEI Number: 65-0936755
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent: Name: A & A Registered Agent, Inc., Street Address: 2450 SW 137 Avenue, Suite 221, City: MIAMI, FL, Zip Code: 33175
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]* Gretel Rodriguez, President 4/1/04

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: ADRIAN, PEDRO STREET ADDRESS: 2460 S.W. 137TH AVE., STE. 238 CITY-ST-ZIP: MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ADRIAN, ADRIA STREET ADDRESS: 2460 S.W. 137TH AVE., STE. 238 CITY-ST-ZIP: MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PST NAME: ADRIAN, PEDRO STREET ADDRESS: 2460 SW 137 AVE STE 230 CITY-ST-ZIP: MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: * NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: VICE-PRESIDENT NAME: OCHOA, CARMEN, L. STREET ADDRESS: 2460 SW 137 AVE, STE. 238 CITY-ST-ZIP: MIAMI, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the empowered.
SIGNATURE: *[Signature]* 4/5/04 (305) 221-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #