

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000017358

1. Entity Name
ADRIAN FAMILY PARTNERSHIP, INC.



Principal Place of Business
2460 SW 137TH AVE., SUITE 238
MIAMI, FL 33175

Mailing Address
2450 SW 137TH AVE., SUITE 221
MIAMI, FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0936755

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A&A REGISTERED AGENTS, INC.
2450 S.W. 137TH AVE., STE. 221
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ADRIAN, PEDRO
STREET ADDRESS 2460 S.W. 137TH AVE., STE. 238
CITY-ST-ZIP MIAMI, FL 33175

TITLE D ☐ Delete
NAME ADRIAN, ADRIA
STREET ADDRESS 2460 S.W. 137TH AVE., STE. 238
CITY-ST-ZIP MIAMI, FL 33175

TITLE PST ☐ Delete
NAME ADRIAN, PEDRO
STREET ADDRESS 2460 SW 137 AVE STE 238
CITY-ST-ZIP MIAMI, FL 33175

TITLE VP ☐ Delete
NAME OCHOA, CARMEN L
STREET ADDRESS 2460 SW 137 AVE STE 238
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 400057218 P94
STREET ADDRESS 07/08/05--01039--002 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 indicated, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

(305) 221-1515

Daytime Phone #