

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90188 013 \*\*\*150.00

<b>DOCUMENT # P99000017358</b>			
1. Entity Name <b>ADRIAN FAMILY PARTNERSHIP, INC.</b>			
Principal Place of Business <b>2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175</b>		Mailing Address <del>2460 SW 137TH AVE., SUITE 238</del> <b>MIAMI, FL 33175</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2460 SW 137 Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 238</b>	
City & State		City & State <b>Miami, FL</b>	
Zip	Country	Zip	Country
		<b>33175</b>	<b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>OCHOA, CARMEN L.</b> <b>2460 SW 137 AVE STE 238</b> <b>MIAMI, FL 33175</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 		DATE <b>04/20/2007</b>	
Signature, typed or printed name of registered agent if applicable		(NOTE: Registered Agent signature required when resigning)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADRIAN, PEDRO</b>	NAME	
STREET ADDRESS	<b>2460 S.W. 137TH AVE., STE. 238</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADRIAN, ADRIA</b>	NAME	
STREET ADDRESS	<b>2460 S.W. 137TH AVE., STE. 238</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	CITY-ST-ZIP	
TITLE	<b>PST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADRIAN, PEDRO</b>	NAME	
STREET ADDRESS	<b>2460 SW 137 AVE STE 238</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OCHOA, CARMEN L</b>	NAME	
STREET ADDRESS	<b>2460 SW 137 AVE STE 238</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 life empowered.			
SIGNATURE: 		DATE <b>04/20/2007</b> 305-221-1515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND TELEPHONE NUMBER	