

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000156109

**Entity Name:** ADRIA'S, INC.

**Current Principal Place of Business:**

3301 BAYSHORE BLVD, UNIT 410  
TAMPA, FL 33629

**Current Mailing Address:**

C/O DAVIDSON MCWHIRTER, P.A.  
P.O. BOX 3047  
TAMPA, FL 33601 US

**FEI Number:** 59-2864773

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIDSON, C. THOMAS  
3301 BAYSHORE BLVD, UNIT 410  
TAMPA, FL 33629 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                             |                 |                              |
|-----------------|-----------------------------|-----------------|------------------------------|
| Title           | V                           | Title           | P                            |
| Name            | ALFONSO, ADRIA NMN          | Name            | DAVIDSON, JOYCE ANN          |
| Address         | 2909 BARCELONA<br>APT. 1404 | Address         | 3301 BAYSHORE BLVD, UNIT 410 |
| City-State-Zip: | TAMPA FL 33629              | City-State-Zip: | TAMPA FL 33629               |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOYCE ANN DAVIDSON

**PRESIDENT**

**04/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date