

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000036631

**Entity Name:** AD ENDEAVORS INC.**Current Principal Place of Business:**3135 CONSTELLATION DRIVE  
MELBOURNE, FL 32940**Current Mailing Address:**3135 CONSTELLATION DRIVE  
MELBOURNE, FL 32940 US**FEI Number:** 84-4546985**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FONZI, IRENE T ESQ.  
1402 HIGHWAY A1A  
SUITE A  
SATELLITE BEACH, FL 32937 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	P
Name	DONOFRIO, ALEX
Address	3135 CONSTELLATION DRIVE
City-State-Zip:	MELBOURNE FL 32940

Title	S
Name	GERACE, NOREEN
Address	3135 CONSTELLATION DRIVE
City-State-Zip:	MELBOURNE FL 32940

Title	T
Name	GERACE, NOREEN
Address	3135 CONSTELLATION DRIVE
City-State-Zip:	MELBOURNE FL 32940

Title	D
Name	DONOFRIO, ALEX
Address	3135 CONSTELLATION DRIVE
City-State-Zip:	MELBOURNE FL 32940

Title	D
Name	GERACE, NOREEN
Address	3135 CONSTELLATION DRIVE
City-State-Zip:	MELBOURNE FL 32940

*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:** NOREEN GERACE**SECRETARY****03/16/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date