2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002965

Entity Name: ADANA INVEST & TRADE CORP.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19333 COLLINS AVE #2007 11905 BISCAYNE BLVD, #105 SUNNY ISLES, FL 33160 NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

19333 COLLINS AVE #2007 11905 BISCAYNE BLVD, #105 SUNNY ISLES, FL 33160 NORTH MIAMI, FL 33181

FEI Number: 98-0442173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DIAZ-SARMIENTO, GABRIEL S CPA
15588 SW 62 STREET
MIAMI, FL 33193 US

DIAZ-SARMIENTO, GABRIEL S CPA
1985 NW 88 CT, #201
MIAMI, FL 33172 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: GABRIEL S. DIAZ-SARMIENTO, CPA 04/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 CDP
 () Delete

 Name:
 PRADILLA, RAFAEL ARREAZA

 Address:
 19333 COLLINS AVE #2007

 City-St-Zip:
 SUNNY ISLES, FL 33160

 Title:
 DS
 (X) Delete

 Name:
 DE ARREAZA, MARIA BEATRIZ

 Address:
 19333 COLLINS AVE #2007

 City-St-Zip:
 SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDPS (X) Change () Addition
Name: ARREAZA, RAFAEL O
Address: 11905 BISCAYNE BLVD, #105
City-St-Zip: NORTH MIAMI, FL 33181

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARREAZA, RAFAEL O. CDPS 04/25/2006