

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F05000002965

**FILED**  
**Aug 14, 2007**  
**Secretary of State****Entity Name:** ADANA INVEST & TRADE CORP.**Current Principal Place of Business:**11905 BISCAYNE BLVD, #105  
NORTH MIAMI, FL 33181**New Principal Place of Business:**16051 COLLINS AVE, #2503  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**11905 BISCAYNE BLVD, #105  
NORTH MIAMI, FL 33181**New Mailing Address:**16051 COLLINS AVE, #2503  
SUNNY ISLES BEACH, FL 33160**FEI Number:** 98-0442173**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DIAZ-SARMIENTO, GABRIEL S CPA  
15588 SW 62 ST  
MIAMI, FL 33193 US**Name and Address of New Registered Agent:**DIAZ-SARMIENTO, GABRIEL S CPA  
1985 NW 88 COURT, #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:** DIAZ-SARMIENTO, GABRIEL S., CPA

08/14/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** CDPS ( ) Delete  
**Name:** ARREAZA, RAFAEL O  
**Address:** 11905 BISCAYNE BLVD, #105  
**City-St-Zip:** NORTH MIAMI, FL 33181**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CDPS (X) Change ( ) Addition  
**Name:** ARREAZA, RAFAEL O  
**Address:** 16051 COLLINS AVE, #2503  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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

08/14/2007

Electronic Signature of Signing Officer or Director

Date