

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K21093

1. Entity Name  
ADRIAN HOMES CORP.



Principal Place of Business  
2460 S.W. 137TH AVE., SUITE 238  
MIAMI, FL 33175

Mailing Address  
4551 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 US

FILED  
06 MAY -1 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03132006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0048388

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

A & A REGISTERED AGENT, INC.  
4551 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE TSD ☐ Delete  
NAME ADRIAN, VIVIAN  
STREET ADDRESS 2460 S.W. 137TH AVE., SUITE 238  
CITY-ST-ZIP MIAMI, FL 33175

TITLE PD ☐ Delete  
NAME ADRIAN, ALVARO L.  
STREET ADDRESS 2460 S.W. 137TH AVE., SUITE 238  
CITY-ST-ZIP MIAMI, FL 33175

TITLE V ☐ Delete  
NAME ADRIAN, PEDRO J  
STREET ADDRESS 2460 S.W. 137TH AVE., SUITE 238  
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE: PCG/Alan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 305.221.2110  
Date Daytime Phone #