


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # M36345 |  |
| 1. Entity Name ADAL BUSINESS CORPORATION | |

| | |
|---|---|
| Principal Place of Business 1280 W 68TH ST HIALEAH, FL 33014 US | Mailing Address 1280 W 68TH ST HIALEAH, FL 33014 US |
|---|---|

DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 65-0916231 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**DELGADO, ANDRES A
 1280 WEST 68TH STREET
 HIALEAH, FL 33014**

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------------|------------------------------|
| TITLE PRES | DELGADO, ANDRES A |
| NAME | 1280 WEST 68TH STREET |
| STREET ADDRESS | HIALEAH, FL 33014 |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U00000926815
 05/20/09-80081-012 150.00

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: Andres Delgado Andres Delgado 04/25/08 (05) 821-8099
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #