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Secretary of State

03-12-2003 90088 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70027046

DOCUMENT #M99607

1. Entity Name
A&D INTERNATIONAL INC.

Principal Place of Business	Mailing Address
173 EUPHRATES CIRCLE PALM BEACH GARDENS, FL 33410	137 EUPHRATES CIRCLE PALM BEACH GARDENS, FL 33410

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	173 Euphrates Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Palm Beach Gardens
Zip / Country	Zip: 33410 / Country

4. FEI Number: 65-0075312 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELOFF, DONN ESQ. 150 E. PALMETTO PARK RD. SUITE 415 BOCA RATON, FL 33432	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE SOUZA, GERI 173 EUPHRATES CIRCLE PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Geri de Souza president 3/6/03 561-656-2502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #