

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 08, 2005
Secretary of State**

DOCUMENT# N49405

Entity Name: ADRIAN AND ANDRES SMALL WORLD, INC.

Current Principal Place of Business:

13705 SW 24TH STREET
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13705 SW 24TH STREET
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0834825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FIGUEROA, CANDIDO
13705 SW 24 STREET
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FIGUEROA, CANDIDO
Address: 13705 SW 24TH STREET
City-St-Zip: MIAMI, FL 33175

Title: S () Delete
Name: FIGUEROA, CARIDAD
Address: 13705 SW 24TH STREET
City-St-Zip: MIAMI, FL 33175

Title: T () Delete
Name: CID, ANTONIO
Address: 13320 SW 17TH LANE., #7
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: FIGUEROA, ANTONIO L
Address: 13320 SW 17TH LANE #7
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARIDAD FIGUEROA

S

05/08/2005

Electronic Signature of Signing Officer or Director

_____ Date