

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000016191

1. Entity Name  
ADRIANBUILDERS FINANCIAL MANAGEMENT, INC.



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0982840

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

Signature, typed or printed name of registered agent and title if applicable.

(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 D ☐ Delete  
NAME ADRIAN, ALVARO L  
STREET ADDRESS 2460 S.W. 137TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE D ☐ Delete  
NAME ADRIAN, VIVIAN A  
STREET ADDRESS 2460 S.W. 137TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE PST ☐ Delete  
NAME ADRIAN, ALVARO L  
STREET ADDRESS 2460 SW 137TH AVENUE STE 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  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 305-221-2110  
Date Daytime Phone #

FILED

06 MAY -1 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

