


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90230 021 \*\*\*151.75

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # P00000051596</b><br>1. Entity Name<br><b>ADRIANBUILDERS AT SOUTH DADE, INC.</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>2460 SW 137TH AVE., SUITE 238</b><br><b>MIAMI, FL 33175</b>   |  |   | Mailing Address<br><b>2450 SW 137TH AVE., SUITE 221</b><br><b>MIAMI, FL 33175</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |  |   |  |
| 4. FEI Number<br><b>65-1011610</b>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>A&amp;P REGISTERED AGENT, INC.</b><br><del>2450 SW 137TH AVE., SUITE 221</del><br><del>MIAMI, FL 33175</del>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>A&amp;A Registered Agent, Inc.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>2450 SW 137 Avenue</b><br><b>Suite 221</b><br>City <b>Miami</b> FL      Zip Code <b>33175</b> |   |  |
| 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.<br>SIGNATURE:  <b>Guetel Rodriguez, President</b> DATE: <b>4/1/04</b><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DPST<br>ADRIAN, ALVARO L<br>2460 SW 137TH AVE., SUITE 238<br>MIAMI, FL 33175 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |  |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |  |   |  |
| 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:  Date: <b>4/1/04</b> Daytime Phone #  |  |   |  |   |  |