2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2008 8:00 am Secretary of State

ANNUAL REPURI			Secretary of State
DOCUMENT # P0000067291 1. Entity Name ADRIANBUILDERS AT TAMIAMI AIRPORT, INC.			05-12-2008 90026 036 ***150.00
Principal Place of Business	Mailing Address		40100661
4 155 SW- 13 0 AVE., SUITE-130 MIAMI, FL 33175	4551 PONCE DE LEON BLVD CORAL GABLES, FL 33146).	4010001
2. Principal Place of Business - No P.O. Box # 4155 SW 13D AVC	3. Mailing Address 4155 SW 13	OAVE	
Suite, Apt. #, etc. 201	Suite, Apt. #, etc.		04012008 Chg-P CR2E034 (12/06)
City & State MIAMI,	City & State MIAMI, H		4. FEI Number Applied For
Zip Country		untrv	65-1025768 Not Applicable
33175 USA		untry SA	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent
A-8-A-REGISTERED ACENT, INC. 4551 PONCE DE LEON BLVD.			onry A. Lopoz-Agular, P.A. ress (P.O. Box Number is Not Acceptable)
CORAL GABLES, FL 33146		Gr	us Ques + De 4-110
		<u> </u>	115 Sunsat DR., #119
\ \ \		City M	Plami FL Zip Code 3
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 egistred agent			
Signature, types of punied name of registered agent shalfulle if applicable (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 Trust Fund Contribution.			
10. OFFICERS AND DI	RECTORS 1	1.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PST			DRIAN, Alvaro L. O. + 201
NAME ADRIAN, ALVARO L STREET ADDRESS 4155 SW 130 AVE., SUITE 199		AME 13 TREET ADDRESS 4	1155 SW 130 AVE, Suite 201
CITY-SI-ZIP MIAMI, FL 33175		ITY-ST-ZIP	MIAMI, IP 33175
THILE	☐ Delete Ti	ITLE	Change Addition
NAME	N	AME	
Street Address City-SI-Zip		TREET ADDRESS	
·		ITY-ST-ZIP	Da Dur
TITLE NAME		ITLE AME	☐ Change ☐ Addition
STREET ADDRESS	1	TREET ADDRESS	
CITY-ST-ZIP		1TY - ST - ZIP	

Change TITLE ☐ Delete TITLE ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition DILE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 trustfe empowered to effect 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

4/18/08 Date

Daytme Phone #