2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P00000072574 1. Entity Name 04-11-2006 90112 001 ***150.00 ADN PROPERTIES, INC. Principal Place of Business Mailing Address PUU#00~-4766 LAGO VISTA DR. COCONUT CREEK FL 33073 4766 LAGO VISTA DR. COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address rs wu sir Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FFI Number Applied For 65-1039204 Fort Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAUTISTA, MARIANO JR. Street Address (P.O. Box Number is Not Acceptable) 4766 LAGO VISTA DR COCONUT CREEK FL 33073 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State : 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. FITLE ☐ Delete TITLE Addition NAME BAUTISTA, MARIANO JR NAME STREET ADDRESS 4766 LAGO VISTA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME BAUTISTA, ALICIA 4766 LAGO VISTA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 330**1**3 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY+ST-ZIP CITY-ST-ZIE Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED