


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90020 005 \*\*\*158.75

<b>DOCUMENT # P00000072574</b>	
1. Entity Name <b>ADN PROPERTIES, INC.</b>	

Principal Place of Business <b>712 NW 27 AVE FORT LAUDERDALE FL 33311</b>	Mailing Address <b>4766 LAGO VISTA DR. COCONUT CREEK FL 33073</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>712 NW 27 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Fort Lauderdale FL</b>	City & State <b>Fort Lauderdale FL</b>
Zip <b>33311</b>	Country <b>US</b>

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-1039204</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BAUTISTA, MARIANO JR. 4766 LAGO VISTA DR COCONUT CREEK FL 33073</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>712 NW 27 AVE</b>	
City <b>Fort Lauderdale FL</b>	Zip Code <b>33311</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.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BAUTISTA, MARIANO JR 4766 LAGO VISTA DR COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>712 NW 27 AVE FORT LAUDERDALE FL 33311</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BAUTISTA, ALICIA 4766 LAGO VISTA DR COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>712 NW 27 AVE FORT LAUDERDALE FL 33311</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BAUTISTA, ADRIAN J 4766 LAGO VISTA DR POMPANO BEACH FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1100 Crystal Lake Dr. # 211 Pompano Beach, FL 33064</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

<b>SIGNATURE:</b> <i>Alicia Bautista</i> <b>Alicia Bautista</b>	<b>4-9-07</b>	<b>954 327-1277</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #