


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN 18 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099610		
1. Entity Name ADRIAN RANCH COMPANY		

Principal Place of Business 2450 S.W. 137TH AVENUE SUITE 226 MIAMI, FL 33175	Mailing Address 2450 S.W. 137TH AVENUE SUITE 226 MIAMI, FL 33175
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

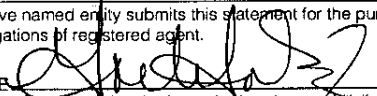


04282004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1049009	Applied For Not Applicable
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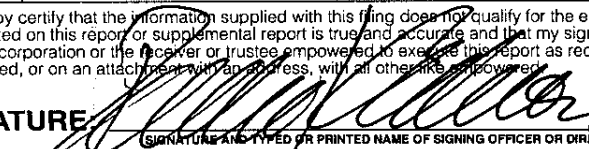
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
A&P REGISTERED AGENT, INC. 2450 S.W. 137TH AVENUE SUITE 226 MIAMI, FL 33175		Name: A & A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable): 2450 SW 137 Avenue Suite 221 City: Miami FL Zip Code: 33175	

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: 	DATE: 4/3/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: ADRIAN, PEDRO J	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2450 S.W. 137TH AVENUE SUITE 228	CITY-ST-ZIP: MIAMI, FL 33175	NAME: 300038138082	STREET ADDRESS: 06/21/04--01076--010 **150.00
TITLE: PST <input type="checkbox"/> Delete	NAME: ADRIAN, PEDRO J	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2450 SW 187TH AVE STE.,#228	CITY-ST-ZIP: MIAMI, FL 33175	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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: _____ Daytime Phone #: _____