

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000099994

1. Entity Name
ADAGON ENTERPRISES, INC.



Principal Place of Business
910 SOUTH ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

Mailing Address
910 SOUTH ALHAMBRA CIRCLE
CORAL GABLES, FL 33146



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1051128

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEQUESADA, ADA L
910 SOUTH ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

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IN THIS SPACE**

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DE QUESADA, ADA L
STREET ADDRESS 910 SOUTH ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE STD
NAME DE QUESADA, GONZALO
STREET ADDRESS 910 SOUTH ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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NAME
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CITY-ST-ZIP

U000000137718
04/29/04-80050-025 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #