

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 16 PM 12:08

DOCUMENT # P02000006001 1. Entity Name ADRIANBUILDERS AT TAMIAMI TRAIL, INC.					
Principal Place of Business 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175			Mailing Address 2450 SW 137TH AVE., SUITE 226 MIAMI, FL 33175 <i>40 A & A Registered Agent</i>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip			
Suite, Apt. #, etc. City & State Zip		Suite, Apt. #, etc. City & State Zip		03112004 Chg-P CR2E034 (10/03)	
City & State Zip		City & State Zip		4. FEI Number 01-0583273	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI, FL 33175				7. Name and Address of New Registered Agent 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 submit 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: <i>[Signature]</i> Gretel Rodriguez, President DATE: 3/12/04 (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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRIAN, ALVARO L 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700030589337 03/16/04--01108--025 **150.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ 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: <i>[Signature]</i> Alvaro L. Adrian Date: Mar-15-04 Daytime Phone #: 305-221-1515 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					