

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90026 039 ***150.00

DOCUMENT # P02000006001

1. Entity Name
ADRIANBUILDERS AT TAMiami TRAIL, INC.



Principal Place of Business
**4155 SW 130 AVE., SUITE 130
MIAMI, FL 33175**

Mailing Address
**% A&A REGISTERED AGENT
4551 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146**

40100000



2. Principal Place of Business - No P.O. Box #
4155 SW 130 AVE
Suite, Apt. #, etc.
201

3. Mailing Address
4155 SW 130 AVE
Suite, Apt. #, etc.
201

03312008 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL
Zip
33175

Country
USA

City & State
MIAMI, FL
Zip
33175

Country
USA

4. FEI Number
01-0583273

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**A&A REGISTERED AGENT, INC.
4551 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name **Henry A. Lopez-Aguilar, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
9415 Sunset DR, #119
City **MIAMI, FL** Zip Code **33173**

8. The above named entity, by its 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRIAN, ALVARO L 4155 SW 130 AVE., SUITE 100 201 MIAMI, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ADRIAN, ALVARO L. 4155 SW 130 AVE, #201 MIAMI, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 Chapter 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

Daytime Phone #