


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 JUL -7 PM 2: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006008 1. Entity Name ADRIANBUILDERS AT TAMiami AIRPORT II, INC.					
Principal Place of Business 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175			Mailing Address 2460 SW 137TH AVE., SUITE 221 MIAMI, FL 33175		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4551 Ponce de Leon Blvd. Suite, Apt. #, etc.			
City & State Zip Country		City & State Coral Gables, FL Zip Country 33146 USA		4. FEI Number 30-0046876 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent A & A REGISTERED AGENT, INC. 2460 SW 137TH AVE., SUITE 221 MIAMI, FL 33175			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4551 Ponce de Leon Blvd. City State Zip Code Coral Gables FL 33146		
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: <u><i>J. Gretel Rodriguez, President</i></u> DATE: <u>4/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500057217955 07/08/05--01037--008 **150.00	
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	
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 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: <u><i>Alvaro L. Adrian</i></u> DATE: <u>4/29/05</u> (305) 221-2110 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					