

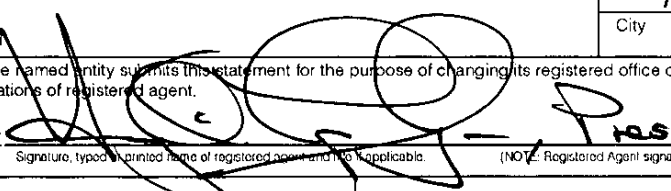


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-12-2008 90026 030 \*\*\*150.00

<b>DOCUMENT # P02000006008</b> 1. Entity Name <b>ADRIANBUILDERS AT TAMiami AIRPORT II, INC.</b>					
Principal Place of Business <b>4155 SW 130 AVE., SUITE 130</b> <b>MIAMI, FL 33175</b>			Mailing Address <b>4551 PONCE DE LEON BLVD.</b> <b>CORAL GABLES, FL 33146</b>		
2. Principal Place of Business - No P.O. Box # <b>4155 SW 130 AVE</b> Suite, Apt. #, etc. <b>201</b>		3. Mailing Address <b>4155 SW 130 AVE</b> Suite, Apt. #, etc. <b>201</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>30-0046876</b>	
Zip <b>33175</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>A &amp; A REGISTERED AGENT, INC.</b> <b>4551 PONCE DE LEON BLVD.</b> <b>CORAL GABLES, FL 33146</b>				7. Name and Address of New Registered Agent Name <b>Henry A. Lopez-Aguilar, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9415 Sunset DR, # 119</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33173</b>	
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  <b>Pres.</b> <span style="float: right;">4/7/08</span> <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	PTS ADRIAN, ALVARO L. 4155 SW 130 AVE. # 201 MIAMI, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: 				4/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	