

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000006012

1. Entity Name
ADRIANBUILDERS AT CORAL WEST PLAZA, INC.



FILED
2005 JUL -7 PM 2: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address
4551 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Coral Gables, FL

Zip

Country

Zip

33146

Country

USA

04282005

Chg-P

CR2E034 (10/03)

4. FEI Number
01-0585537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~A&P REGISTERED AGENT, INC.~~
~~2460 SW 137TH AVE., SUITE 221~~
~~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)

4551 Ponce de Leon Blvd.

City Coral Gables

FL

Zip Code

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

Gretel Rodriguez

Gretel Rodriguez, President

4/29/05

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, 2005 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
D
ADRIAN, ALVARO L
STREET ADDRESS
2460 SW 137TH AVE., SUITE 238
CITY-ST-ZIP
MIAMI, FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200057217988 ☐ Change ☐ Addition
07/08/05--01037--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvaro L. Adrian

4/29/05

(305) 221-2110

Date

Daytime Phone #