


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90210 002 ***150.00

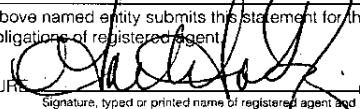
DOCUMENT # P02000006025	
1. Entity Name ADRIANBUILDERS AT BIRD ROAD, INC.	

Principal Place of Business 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	Mailing Address 2460 SW 137TH AVE., SUITE 226 MIAMI, FL 33175
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2. Principal Place of Business		3. Mailing Address 2450 SW 137 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 221	
City & State		City & State Miami, Florida	
Zip	Country	Zip	Country
		33175	USA

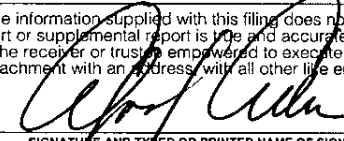
6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI, FL 33175	
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7. Name and Address of New Registered Agent	
Name A&A Registered Agent, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 Avenue	
Suite 221	
City Miami	FL Zip Code 33175

8. The above named entity 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, President 4/5/04 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DADR IAN, ALVARO L 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S, T, D ADRIAN ALVARO L. 2460 SW 137 AVE., STE. 238 MIAMI, FL 33175 <input checked="" 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
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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 life empowered.	
SIGNATURE: 	4/5/04 (305) 221-2110 Date Daytime Phone #

24071499



04052004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0044507	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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