

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-12-2008 90026 037 ***150.00

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



Principal Place of Business 4155 SW 130 AVE., SUITE 130 MIAMI, FL 33175	Mailing Address 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
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40100660



2. Principal Place of Business - No P.O. Box # 4155 S.W. 130 AVE Suite, Apt. #, etc. 201	3. Mailing Address 4155 S.W. 130 AVE Suite, Apt. #, etc. 201
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03312008 Chg-P CR2E034 (12/06)

City & State Miami, FL	City & State Miami, FL
Zip 33175	Zip 33175
Country USA	Country USA

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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6. Name and Address of Current Registered Agent A&E 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
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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 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4/7/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PSTD ADRIAN, ALVARO L 4155 SW 130 AVE., SUITE 130 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ADRIAN, ALVARO L. 4155 SW 130 AVE, # 201 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
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 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	DATE 4/18/08 Daytime Phone #