FILED
Apr 21, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000015654

1. Entity Name
ADRIANA'S ACCESSORIES, INC.

Principal Place of Business	Mailing Address
30 NE 103RD ST MIAMI SHORES, FL 33138	30 NE 103RD ST MIAMI SHORES, FL 33138

04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3600804
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1640 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. ☐ Election Campaign Financing Trust Fund Contribution. **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	HERDOCIA, ROBERTO J
STREET ADDRESS	30 NE 103RD ST
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	VPD
NAME	HERDOCIA, REBECCA
STREET ADDRESS	30 NE 103RD ST.
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	TD
NAME	HERDOCIA, BEATRIZ
STREET ADDRESS	30 NE 103RD ST.
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000523556
05/03/06-80076-020 150.00

DO NOT WRITE IN THIS SPACE

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: _____ 4/18/06 305 299 3150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #