## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2005 8:00 am Secretary of State

03-28-2005 90078 014 \*\*\*158 75

Entity Nam     AD-CORF	SUS OF	# P0200067 AMERICA CORP.	′526		e constant			,	03-28-200	5 90078 0	14 ***158	3.75
Principal Plac		<del></del>		Mailing Address				-	· · · · · · · · · · · · · · · · · · ·	مستقلة فين الأس		
7751 KINGSPOINTE PY. SUITE 103 ORLANDO, FL 32819				7751 KINGSPOINTE PY. SUITE 103 ORLANDO, FL 32819				**************************************	12:00 P S S S S S S S S S S S S S S S S S S	201	3/3	8-7
2 Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03182005	Chg-P	CR2E	034 (10/03)	
City & State			City & State				4. FEI Number 02-0629740			<u> </u>	oplied For ot Applicable	
Zip	Country			Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Addition Fee Required  7. Name and Address of New Registered Agent					
	6. Name	and Address of Current I	Registe	ered Agent	-	Name	:_	7. Name and	Address of Nev	v Registered	Agent .	
VELOSO N	NETO. RA	IMUNDO D										
1930 DERBY GLEN DRIVE ORLANDO, FL 32837				•	Street Address (P.O. Box Number is Not Acceptable)							
•				City						FL	Zip Cod	e
			r the pu	urpose of changing its	register	ed office ar re	gister	ed agent, or bo	oth, in the State of	Florida. I am	familiar with,	and accept
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)												
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contribution								.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS							ADDITIONS	CHANGES TO C	FFICERS AN		-
TITLE NAME	D Delete VELOSO, RAIMUNDO S				TITLE NAM	1					Change	Addition
STREET ADDRESS		RBY GLEN DR.			EET ADDRESS					•		
CITY-ST-ZIP	I	O, FL 32837			-ST-ZIP							
TITLE	VP Delete					E					☐ Change	Addition
NAME	VELOSO, ALZIRA M				NAM	ME EET ADDRESS						,
STREET ADDRESS CITY-ST-ZIP	ı	1930 DERBY GLEN DR. ORLANDO, FL 32837			CITY							
TITLE	T Delete										Change	Addition
NAME	VELOSO, RAFAEL C					AE						
STREET ADORESS						EFT ADDRESS					•	San A
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STREET ADDRESS CITY-ST-ZIP		·		1 d		EET ADORESS (-ST-ZIP	14.5	+ +1 -1				
12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered of execute his 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 expowered.												
or the corporation or the receiver en guisse empowered by 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 enpowered.												
SIGNAT	TURE: _	/~/)·V	M	<u> </u>								