


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90500 021 ***158.75

DOCUMENT # P02000093927 1. Entity Name A.D.F. CHARTER, CORP.	
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Principal Place of Business 10440 S.W. 126TH AVE. MIAMI, FL 33186	Mailing Address 10440 S.W. 126TH AVE. MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0641477	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARKAS, YAZMIN
10440 S.W. 126TH AVE.
MIAMI, FL 33186

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARKAS, DERLY 10440 S.W. 126TH AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONILLA, ELIAS 10440 S.W. 126TH AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FARKAS, YAZMIN 10440 S.W. 126TH AVE. MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Elias Bonilla 4-1504 305-233648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #