

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000103112

1. Entity Name
ADRIAN DEVELOPMENT GROUP AT DORAL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -7 AM 9:54

Principal Place of Business

~~2450 S.W. 137TH AVENUE, SUITE 228~~
~~MIAMI, FL 33175~~

Mailing Address

~~2450 S.W. 137TH AVENUE, SUITE 228~~
~~MIAMI, FL 33175~~

2. Principal Place of Business

4000 Ponce de Leon Blvd.
Suite, Apt. #, etc.
Suite 770

City & State

Coral Gables, FL

Zip
33146

Country

USA

3. Mailing Address

4000 Ponce de Leon Blvd.
Suite, Apt. #, etc.
Suite 770

City & State

Coral Gables, FL

Zip
33146

Country

USA

06292005

Chg-P

CR2E034 (10/03)

4. FEI Number

22-3873327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A & A REGISTERED AGENT, INC.
2450 S.W. 137TH AVENUE, SUITE 221
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name A.M. Rojas, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1985 NW 80 Court

Suite 201

City Miami

FL

Zip Code 33172

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME ADRIAN, PEDRO J
STREET ADDRESS ~~2450 S.W. 137TH AVENUE, SUITE 228~~
CITY-ST-ZIP ~~MIAMI, FL 33175~~

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ 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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #