2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 13, 2008 8:00 am
Secretary of State

02-26-2008 90009 042 ***150.00

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1. Entity Name
ADL REAL ESTATE HOLDINGS, INC.

Principal Place of Business	Mailing Address
190 E 39 STREET HIALEAH, FL 33013	190 E 39 STREET HIALEAH, FL 33013

66003550

02132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3275 EAST 3 Ave		2570 W 78ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah		City & State Hialeah	
Zip 33013	Country DADE	Zip 33016	Country DADE

4. FEI Number 56-2305667 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AVESADA, PETER R
2903 SALZEDO ST
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTANA, ANA M 190 E 39 STREET HIALEAH, FL 33013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2570 W 78ST Hialeah Fl 33016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORENZO, VALENTIN 190 E 39 STREET HIALEAH, FL 33013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2570 W 78ST Hialeah Fl 33016.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ______ 3/9/08 305 7724076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #