## **2007 FOR PROFIT CORPORATION**

## Apr 20, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000042153 04-20-2007 90078 009 \*\*\*150.00 1. Entity Name A&D CAPITAL SOLUTIONS, INC. Principal Place of Business Mailing Address 9737 NORTHWEST 41ST STREET 9737 NORTHWEST 41ST STREET **SUITE 319 SUITE 319** MIAMI, FL 33178-2924 MIAMI, FL 33178-2924 2. Principal Place of Business - No Po Aailing Addless 04112007 CR2E034 (12/06) Cha-P 4. FEI Number Applied For City & State 65-1182625 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, MICHAEL L CPA Street Address (P.O. Box Number is Not Acceptable) 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 Zip Code $\mathsf{FL}$ 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, 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 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD : Delete ☐ Addition TITLE TITLE ☐ Change TIMIRAOS, VICENTE NAMÉ NAME STREET ADORESS 9937 NORTHWEST 31ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITI F ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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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 of 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.

OFFICER OR DIRECT

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN