

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90013 021 \*\*\*550.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # P03000123331</b><br>1. Entity Name<br><b>ADAN PROPERTIES, INC.</b>   |   |   |   |  |  |
| Principal Place of Business<br><b>710 LAKEVIEW DRIVE<br/>MIAMI BEACH FL 33140</b>  |   |   | Mailing Address<br><b>710 LAKEVIEW DRIVE<br/>MIAMI BEACH FL 33140</b>   |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address                          |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                         |   |  |  |
| City & State   |   | City & State                                |   | 4. FEI Number<br><b>20-0361833</b>   |  |
| Zip  |   | Country                                     |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent  |   |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>SCHURR, RICHARD A<br/>10867 SW 88TH TERRACE<br/>MIAMI FL 33176</b>  |   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY September 8, 2004</b><br><b>Make Check Payable to Florida Department of State</b>  |   |   | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DPS<br/>ADAN, FEDERICO<br/>710 LAKEVIEW DRIVE<br/>MIAMI BEACH FL 33140</b> | <input type="checkbox"/> Delete             |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DVT<br/>ADAN, LETICIA<br/>710 LAKEVIEW DRIVE<br/>MIAMI BEACH FL 33140</b>  | <input type="checkbox"/> Delete             |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete             |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input checked="" type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete             |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete             |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete             |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete             |   |  |  |
| 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. |   | 8/4/04 305.491-4616<br>Date Daytime Phone # |   |  |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   |   |  |  |

**66433488**



MOORE CR2E034 (4/04)



Department of the Treasury  
Internal Revenue Service  
MEMPHIS TN 37501-0038

Attachment

#P03 000123337

Date of this notice:  
Taxpayer Identifying Number  
Form:

DEC. 29, 2003  
20-0361833  
Tax Period:

66433488

For assistance you may  
call us at:

1-800-829-0115

Or you may write to us at  
the address shown at the  
left. If you write, be  
sure to attach the bottom  
part of this notice.

ADAN PROPERTIES INCORPORATED  
710 LAKEVIEW DR  
MIAMI FL 33140-2632105

### NOTICE OF ACCEPTANCE AS AN S-CORPORATION

WE HAVE ACCEPTED YOUR ELECTION FOR THE BEGINNING OF THE NEXT TAX YEAR. WE  
CHANGED THE EFFECTIVE DATE OF YOUR ELECTION, BECAUSE YOUR FORM 2553, ELECTION BY A  
SMALL BUSINESS CORPORATION, WAS NOT FILED TIMELY FOR THE EFFECTIVE DATE REQUESTED.

PLEASE KEEP THIS NOTICE IN YOUR TAX RECORDS AS VERIFICATION OF YOUR ACCEPTANCE  
AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE  
WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS  
TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO  
HELP YOU. HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR  
WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT  
TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE  
BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

HELPFUL HINT: FOR FASTER SERVICE, TRY CALLING US ANY DAY EXCEPT MONDAY WHEN OUR  
CALL VOLUMES ARE HIGHEST.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on  
telephone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev.8-91)

Return this part to us with your check or inquiry

Your telephone number

Best time to call

200351

29953-743-06280-3

INTERNAL REVENUE SERVICE  
MEMPHIS TN 37501-0038

ADAN PROPERTIES INCORPORATED  
710 LAKEVIEW DR  
MIAMI FL 33140-2632105

261  
SB

