2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045573

WESTON, FL 33326

City-St-Zip:

Entity Name: ADREID GROUP, INC.

FILED Apr 08, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|--|--|--------------------------------|--|--|
| | GRAPE CIRCL FL 33326 | E | 24025 SW 108 AVEN MIAMI, FL 33032 | UE |
| Current Mailing Address: | | | New Mailing Address: | |
| 5220 S UN STE C-102 DAVIE, FL | | | | |
| FEI Number: | : 20-0855951 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | Address of C | urrent Registered Agent: | Name and Address of | f New Registered Agent: |
| 5220 S UN STE C-102 DAVIE, FL The above | 33328 US | | ourpose of changing its registere | d office or registered agent, or both, |
| SIGNATU | RE: | | | |
| | Electror | ic Signature of Registered Age | ent | Date |
| Election Car | mpaign Financing | g Trust Fund Contribution (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | ٠, | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: | VD () OCANTO, WILL 1341 SEAGRAI | | Title: Name: Address: | () Change () Addition |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA MANOSALVA OCANTO PD 04/08/2009