2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P04000061749 1. Entity Name 06 MAY - 1 PM 2:59 ADRIANBUILDERS AT METRO/FT. MYERS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4551 PONCE DE LEON BLVD. 2460 SW 137TH AVE., SUITE 238 CORAL GABLES, FL 33146 MIAMI, FL 33175 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1020778 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A&A REGISTERED AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Addition TITLE Change NAME ADRIAN, ALVARÓ L NAME STREET ADDRESS 2460 SW 137TH AVE., SUITE 238 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP ☐ Change ☐ Defete TITLE ☐ Addition TITLE NAME NAME 200074178172 STREET ADDRESS STREET ADDRESS 05/08/06--01011--023 **150.00 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 Chapter 607, Florida Statutes.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27/06 305.221.2110